

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38239

**Entity Name:** SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RESEARCH AND EDUCATION, INC.**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC5268249029****Current Principal Place of Business:**1201 N.W. 16TH STREET ROOM D806  
MIAMI, FL 33125**Current Mailing Address:**1201 N.W. 16TH STREET ROOM D806  
MIAMI, FL 33125 US**FEI Number: 65-0207903****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JACKSON, ROBERT M M.D.  
1201 N.W. 16TH STREET ROOM 2A103  
MIAMI, FL 33125 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT AND CHAIR OF THE BOARD OF DIRECTORS  
Name JACKSON, ROBERT M M.D.  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM 2A110  
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR  
Name DEGENNARO, VINCENT A M.D.  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM 2A102  
City-State-Zip: MIAMI FL 33125

Title EXECUTIVE DIRECTOR  
Name WASHBURN, KATRINA B PHD  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR  
Name RUSSO, PAUL M MSHA, FACHE, RD  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR  
Name LIEZERT, TIMOTHY FACHE  
Address 13800 VETERANS WAY  
City-State-Zip: ORLANDO FL 32827

Title STATUTORY VA DIRECTOR  
Name HAGENLOCKER, BRIAN MD  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name ROSNER, CURT CPA  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name BRANSON , RECTOR LTC- RET  
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KATRINA B WASHBURN****EXECUTIVE DIRECTOR****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ROY, DEODUTTA PHD  
Address 1201 N.W. 16TH STREET  
RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name FISHMAN, LEWIS ESQ.  
Address 1201 N.W. 16TH STREET  
RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR  
Name ZACHER, LISA MD, MACP, FCCP  
Address 13800 VETERANS WAY  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name WILLIAMS, ED  
Address 1201 N.W. 16TH STREET  
RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name OLSHANSKY, VICTOR  
Address 1201 N.W. 16TH STREET  
RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125

Title DIRECTOR  
Name NORCINI, MARTIN  
Address 1201 N.W. 16TH STREET  
RESEARCH 151, ROOM D806  
City-State-Zip: MIAMI FL 33125