

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # 700085 (4)

1. Corporation Name

HEALTH FOUNDATION SUPPORT SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

601 BRICKELL KEY DR.
SUITE 901
MIAMI FL 33131

601 BRICKELL KEY DR.
SUITE 901
MIAMI FL 33131

3. Date Incorporated or Qualified

10/26/1959

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0832660

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, RICHARD B JR.
CONCORD BLDG., 5TH FLOOR
66 WEST FLAGLER STREET
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Richard B. Adams, Jr.

(NOTE: Registered Agent signature required when reinstating)

1/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	MP	<input type="checkbox"/> DELETE
NAME	DEFURIO, ANTHONY C	
STREET ADDRESS	601 BRICKELL KEY DR. #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEIL, JOHN H	
STREET ADDRESS	601 BRICKELL KEY DR. #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDSAY, ALVIN F.	
STREET ADDRESS	6645 PINETREE LANE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEREZ, ALBERT	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RECIO, FRANK	
STREET ADDRESS	601 BRICKELL KEY DR. #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, PHILIP MD	
STREET ADDRESS	601 BRICKELL KEY DR. #901	
CITY-ST-ZIP	MIAMI FL 33131	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Weintraub	
1.3 STREET ADDRESS	601 Brickell Key Drive, # 901	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard B. Adams, Jr.	
2.3 STREET ADDRESS	601 Brickell Key Drive, # 901	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony C. Defurio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

DATE

Daytime Phone #

CR2E037 (12/95)