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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33131-2649



3. Date Incorporated or Qualified  
10/26/1959

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

59-0832660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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, or 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Adams, Richard B.		
1.3 STREET ADDRESS	601 Brickell Key Dr, #901		
1.4 CITY-ST-ZIP	Miami, FL 33131		
2.1 TITLE	D	Change	Addition
2.2 NAME	Weintraub, Barbara		
2.3 STREET ADDRESS	601 Brickell Key Dr. #901		
2.4 CITY-ST-ZIP	Miami, FL 33131		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOHN H. O'NEIL JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8 '97 305-374-7200

Date

Daytime Phone # 0026811

CR2E037 (9/96)