


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

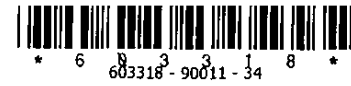
FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 034 ****61.25

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 700085
 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 |



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 10/26/1959 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-0832660 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 | 25 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 29 | 30 | 6. Election Campaign Financing |
| | | <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ADAMS, RICHARD B. | |
| STREET ADDRESS | 601 BRICKELL KEY DR. #901 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WEINTRAUB, BARBARA | |
| STREET ADDRESS | 601 BRICKELL KEY DR. #901 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | CB | <input type="checkbox"/> DELETE |
| NAME | O'NEIL, JR J H | |
| STREET ADDRESS | 601 BRICKELL KEY DR, 901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| 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 checked="" type="checkbox"/> DELETE |
| NAME | GROSSMAN, PHILIP MD | |
| STREET ADDRESS | 601 BRICKELL KEY DR. #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | O'Neil, John H. |
| 3.3 STREET ADDRESS | 601 Brickell Key Dr., #901 |
| 3.4 CITY-ST-ZIP | Miami, FL 33131 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Perez, Albert |
| 4.3 STREET ADDRESS | 601 Brickell Key Dr., #901 |
| 4.4 CITY-ST-ZIP | Miami, FL 33131 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Nordqvist, Staffan, MD |
| 5.3 STREET ADDRESS | 601 Brickell Key Dr., #901 |
| 5.4 CITY-ST-ZIP | Miami, FL 33131 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Culbreth, Thomas G. |
| 6.3 STREET ADDRESS | 601 Brickell Key Dr., #601 |
| 6.4 CITY-ST-ZIP | Miami, FL 33131 |

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *4 Aug 99* (305) 374-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000521
CR2E037 (5/99)