

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-23-2001 90016 036 \*\*\*\*61.25

DOCUMENT # 700085

1. Entity Name

HEALTH FOUNDATION SUPPORT SERVICES OF SOUTH FLOR

Principal Place of Business Mailing Address
601 BRICKELL KEY DR. SUITE 901 MIAMI FL 33131

35334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-0832660 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, RICHARD B JR.
CONCORD BLDG., 5TH FLOOR
66 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent
Name AMERICAN INFORMATION SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE
28TH FLOOR
City MIAMI FL Zip Code 33131

8. 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.
AMERICAN INFORMATION SERVICES, INC.
By Angelica M. Calabrese Assistant Secretary 03/20/01

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include ADAMS, RICHARD B., WEINTRAUB, BARBARA, O'NEIL, JR J H, PEREZ, ALBERT, NORDQVIST, STAFFMAN MD, CULBRETH, THOMAS G.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Karen Gilmore, Nelson L. Adams, III, M.D., Steven E. Marcus.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/12/01 (305) 374-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)