

05-19-2002 90241 019 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700085

1. Entity Name

HEALTH FOUNDATION SUPPORT SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business 601 BRICKELL KEY DR. SUITE 901 MIAMI FL 33131	Mailing Address 601 BRICKELL KEY DR. SUITE 901 MIAMI FL 33131
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37842



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

4. FEI Number 59-0832660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, RICHARD B JR.
 ADAMS & ADAMS
 66 W. FLAGLER STREET, 5TH FLOOR
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	ADAMS, RICHARD B.	601 BRICKELL KEY DR. #901	MIAMI FL	<input type="checkbox"/>	D	Adams, Richard B.	601 Brickell Key Drive, #901	Miami, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	GILMORE, KAREN	601 BRICKELL KEY DR. #901	MIAMI FL 33131	<input checked="" type="checkbox"/>	D	Grossman, M.D., Philip	601 Brickell Key Drive, #901	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ADAMS, NELSON L III, MD	601 BRICKELL KEY DR, 901	MIAMI FL 33131	<input checked="" type="checkbox"/>	D	Nordqvist, M.D., Staffan	601 Brickell Key Drive, #901	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PEREZ, ALBERT	601 BRICKELL KEY DR., #901	MIAMI FL 33131	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	NORDQVIST, STAFFMAN MD	601 BRICKELL KEY DR. #901	MIAMI FL 33131	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CULBRETH, THOMAS G	601 BRICKELL KEY DR #601	MIAMI FL 33131	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CREATED: (9/01)

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: *Richard B. Adams* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/29/02 Daytime Phone #: 305 371-3333