av	_	20		8:00	am
eci	reta	ary	of	State	2
		•		******	

DOCUMENT # 707629 1. Entity Name **					Secretary of State 05-16-2001 90217 022 ****61.25			
SOUTH	FLORIDA HOSPITAL AND HE	ALTHCARE ASSOCIAT	Olī		05-16-2001 90217	022 ****61.25		
Principal Plac	e of Business	Mailing Address						
6363 TAFT STREET SUITE 200 HOLLYWOOD FL 33024 US		63630 TAFT STREET SUITE 200 HOLLYWOOD FL 33024 US		117111				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	er 59-0979494	Applied For Not Applicable		
Zip	Country	Zip Country		5. Certificate	5. Certificate of Status Desired			
	6. Name and Address of Current F	egistered Agent		7. Name and	Address of New Register	ed Agent		
			Name					
QUICK, LINDA S			Street A	Street Address (P.O. Box Number is Not Acceptable)				
6363 TAF SUITE 200								
HOLLYWOOD FL 33024			City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered agent, or bo	th, in the state of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25	nd title if applicable. (NOTE: I 9. Election Campaign F Trust Fund Contribut	inancing	ure required when reinstating) \$5.00 May Be Added to Fees		ck Payable to		
		<u></u>						
10.	OFFICERS AND DIRE		11.		IANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. QUICK, LINDA S 6363 TAFT STREET, #200 HOLLYWOOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Free Messie 6055 Red Courl Cabl	road, by Floar			
TITLE	PP	Delete	TITLE	DIGECH	_	☐ Change ☐ Addition		
NAME STREET ADDRESS	BOYER, GREG 10101 FOREST HILL BLVD.	·	NAME STREET ADDRESS	1 1 1 1	BIXIG H	hoghway		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		CITY-ST-ZIP			3334		
TITLE	DUTCHER, PHILLIP	Delete	NAME		ectors secret	Change Addition		
STREET ADDRESS	1300 NORTH FLAGLER DRIVE		STREET ADDRESS	999 PONCE		12. # 630		
CITY-ST-ZIP	WEST PALM BEACH FL 33402		CITY-ST-ZIP	CORAL GASI	05, PL 331	34		
TITLE	TD	☐ Delete	TITLE	Phil Rosi	- SOW - CHAIR	Change Addition		
NAME	STANSBERRY, DAVID		NAME	530 5.0	ongress Are	in-		
STREET ADDRESS	1400 NW 10TH AVENUE, #604		STREET ADDRESS CITY-ST-ZIP		O	<u> </u>		
CITY-ST-ZIP	MAMI FL 33136			had rades a se	HL 3346	Change Addition		
TITLÉ NAME	CD Ransdell, Lewis	☐ Delete	TITLE NAME			☐ Change ☐ Addition		
STREET ADDRESS	1516 EAST LAS DAS BLVD		STREET ADDRESS					
CITY-ST-ZIP	FT_LAUDERDALE FL_33301		CITY-ST-ZIP					
TITLE	CED	☐ Delete	TITLE		AST CHAIT	hange Addition		
NAME	CARBONE, DAVIDE		NAME	DAVICE CAS	PHP MAN	•		
STREET ADDRESS	209009 BISCAYNE BLVD		STREET ADDRESS	30,00 B	SCAMPE BING.			
CITY-ST-ZIP	AVENTURA FL 33180	the contract of the contract o	CITY-ST-ZIP	Brentura	FL 33100			

2001 UNIFORM BUSINESS REPORT (UBR)

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 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:

5/2/2001 954 964-1660