2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# 707629

Entity Name: SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATION, INC.

Current Principal Place of Business:

6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

63630 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 59-0979494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUICK, LINDA S
6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	QUICK, LINDA S	
Address:	6363 TAFT STREET, #200	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	C	( ) Delete
Name:	MESSING, FRED	
Address:	6855 RED ROAD, 6TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33143	
Title:	D	( ) Delete
Name:	BERGONFOLD, JOEL	
Address:	5000 WEST OAKLAND PARK BLVD	
City-St-Zip:	FT LAUDERDALE, FL 33313	
Title:	TD	( ) Delete
Name:	STANSBERRY, DAVID	
Address:	1400 NW 10TH AVENUE, #604	
City-St-Zip:	MIAMI, FL 33136	
Title:	D	( ) Delete
Name:	SONONREICH, STEVEN	
Address:	4300 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	CARBONE, DAVIDE	
Address:	20900 BISCAYNE BLVD	
City-St-Zip:	AVENTURA, FL 33180	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	(X) Change ( ) Addition
Name:	STANSBERRY, DAVID	
Address:	1475 NW 12TH AVENUE, #4037	
City-St-Zip:	MIAMI, FL 33136	
Title:	D	(X) Change ( ) Addition
Name:	FERNANDEZ, AURELIO	
Address:	5000 WEST OAKLAND PARK BLVD.	
City-St-Zip:	FT LAUDERDALE, FL 33313	
Title:	TD	(X) Change ( ) Addition
Name:	GREENBERG, PATRICIA	
Address:	999 PONCE DE LEON BLVD. #950	
City-St-Zip:	CORAL GABLES, FL 33176	
Title:	S	(X) Change ( ) Addition
Name:	CRUICKSHANK, JAMES	
Address:	7201 N. UNIVERSITY DRIVE	
City-St-Zip:	TAMARAC, FL 33321	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID STANSBERRY C 03/08/2004

Electronic Signature of Signing Officer or Director — Date