## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 707629**

FILED Mar 17, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024 US **New Mailing Address: Current Mailing Address:** 63630 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024 US FEI Number: 59-0979494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUICK, LINDA S 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition QUICK, LINDA S Name: Name: 6363 TAFT STREET, #200 Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition STANSBERRY, DAVID Name: FERNANDEZ, AURELIO Name: Address: 1475 NW 12TH AVENUE, #4037 Address: 5000 WEST OAKLAND PARK BLVD. City-St-Zip: MIAMI, FL 33136 City-St-Zip: FT LAUDERDALE, FL 33313 Title: () Delete Title: (X) Change ( ) Addition FERNANDEZ, AURELIO CRUICKSHANK, JAMES Name: Name: 5000 WEST OAKLAND PARK BLVD. 7201 N. UNIVERSITY DRIVE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33313 City-St-Zip: TAMARAC, FL 33321 Title: TD ( ) Delete Title: (X) Change ( ) Addition GREENBERG, PATRICIA Name: Name: HETLAGE, KEN 1901 SW 172ND AVENUE Address: 999 PONCE DE LEON BLVD. #950 Address: City-St-Zip: CORAL GABLES, FL 33176 City-St-Zip: MIRAMAR, FL 33029 Title: () Delete Title: (X) Change ( ) Addition CRUICKSHANK, JAMES FELDMAN, MITCH Name: Name: 7201 N. UNIVERSITY DRIVE 5352 LINDTON BLVD. Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: (X) Change ( ) Addition CARBONE, DAVIDE GREENBERG, PATRICIA Name: Name: Address: 20900 BISCAYNE BLVD Address: 999 PONCE DE LEON BLVD. STE. 950 AVENTURA, FL 33180 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA QUICK P 03/17/2006