2007 NOT-FOR-PROFIT CORPORATION FILED Apr 26, 2007 8:00 am

DOCUMENT #707629 1. Entity Name SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATION, INC.					Secreta 1 04-26-2007 90	•		
Principal Place of Business 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024 US Mailing Address 63630 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024 US								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6363 Taft			St.					
20		Suite, Apt. #, etc.	00		Chg-NP CI	R2E037 (12/06)		
Ho		Holly wood	llywood, Fl		494		plied For t Applicable	
Zip	Country	^{Zip} / 33024	Country USA	5. Certificate of	Status Desired [□ \$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent			Nome	7. Name and A	ddress of New Regis	tered Agent		
QUICK, LINDA S 6363 TAFT STREET SUITE 200				Name Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD, FL 33024						·-···		
			City	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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstituting) DATE								
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Re	gistered Agent signature	e required when reinstating)		DATE		
	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Conl	aign Financing	\$5.00 May Be Added to Fees	Make	check payable to Department of St		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Campa Trust Fund Conl ECTORS	aign Financing tribution. [\$5.00 May Be Added to Fees	Make	check payable to Department of St ND DIRECTORS IN	ate 10	
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE P QUICK, LINDA S	9. Election Campa Trust Fund Conf	aign Financing tribution.	\$5.00 May Be Added to Fees	Make Florida I	check payable to Department of St	ate	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 | SIGNATURE | SIGNATURE | Deptime Phone #