2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
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:

6030 HOLLYWOOD BLVD.
SUITE 140
HOLLYWOOD, FL 33024 US

Current Mailing Address:

6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 US

New Mailing Address:

6030 HOLLYWOOD BLVD.
SUITE 140
HOLLYWOOD, FL 33024 US

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

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:

QUICK, LINDA S
6030 HOLLYWOOD BLVD.
SUITE 140
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: _____ 01/25/2008
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:	HETLAGE, KEN	
Address:	1901 SW 172ND AVE	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	VC	( ) Delete
Name:	ROHAN, HEATHER	
Address:	20900 BISCAYNE BLVD.	
City-St-Zip:	AVENTURA, FL 33180	
Title:	T	( ) Delete
Name:	GREENBERG, PATRICIA	
Address:	999 PONCE DE LEON BLVD. SUITE 950	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	S	( ) Delete
Name:	STOCK, FRED	
Address:	5200 NE 2ND AVE	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	WELDING, THEODORE	
Address:	1516 EAST LASOLAS BLVD	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	QUICK, LINDA S	
Address:	6030 HOLLYWOOD BLVD. STE. 140	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 S QUICK P 01/25/2008
Electronic Signature of Signing Officer or Director — Date