## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 707629**

FILED Jan 06, 2009 Secretary of State

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

6030 HOL	rincipal Place of Business:	New Principal Place of Business:
SUITE 140	LYWOOD BLVD. ) DOD, FL 33024 US	
Current IV	lailing Address:	New Mailing Address:
SUITE 140	LYWOOD BLVD. ) DOD, FL 33024 US	
FEI Number	: 59-0979494 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
SUITE 140 HOLLYWO	LYWOOD BLVD. ) DOD, FL 33024 US	urpose of changing its registered office or registered agent, or b
SIGNATUI		
	Electronic Signature of Registered Age	nt Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Title: Name: Address: City-St-Zip:	P ( ) Delete QUICK, LINDA S 6030 HOLLYWOOD BLVD. STE. 140 HOLLYWOOD, FL 33024	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address:	C ( ) Delete HETLAGE, KEN 1901 SW 172ND AVE	Title: C (X) Change ( ) Addition Name: ROHAN, HEATHER Address: 20900 BISCAYNE BLVD.
City-St-Zip:	MIRAMAR, FL 33029	City-St-Zip: AVENTURA, FL 33180
Title: Name: Address:	MIRAMAR, FL 33029  VC ( ) Delete ROHAN, HEATHER 20900 BISCAYNE BLVD. AVENTURA, FL 33180	City-St-Zip: AVENTURA, FL 33180  Title: VC (X) Change ( ) Addition Name: DEGINA, ANTHONY Address: 1400 NW 12TH STREET City-St-Zip: MIAMI, FL 33136
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VC () Delete ROHAN, HEATHER 20900 BISCAYNE BLVD.	Title: VC (X) Change ( ) Addition Name: DEGINA, ANTHONY Address: 1400 NW 12TH STREET
Title: Name: Address: City-St-Zip: Title: Name: Address:	VC () Delete ROHAN, HEATHER 20900 BISCAYNE BLVD. AVENTURA, FL 33180  T () Delete GREENBERG, PATRICIA 999 PONCE DE LEON BLVD. SUITE 950	Title: VC (X) Change () Addition Name: DEGINA, ANTHONY Address: 1400 NW 12TH STREET City-St-Zip: MIAMI, FL 33136  Title: () Change () Addition Name: Address:

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 01/06/2009