

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

3/

03-20-2003 90136 007 ****75.00

DOCUMENT # 707629



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

Principal Place of Business

**6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024
US**

Mailing Address

**6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0979494**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Linda Quick

4/2/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P QUICK, LINDA S
6363 TAFT STREET, #200
HOLLYWOOD FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN
Phillip Robinson
5301 South Congress Avenue
Atlanta, Florida 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MESSING, FRED
6855 RED ROAD, 6TH FLOOR
CORAL GABLES FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Immediate Past Chairman
Fred Messing
6855 Red Road, 6th Floor
Coral Gables, FL 33143** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BERGFOLD, JOEL
5000 WEST OAKLAND PARK BLVD
FT LAUDERDALE FL 33313** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD STANSBERRY, DAVID
1400 NW 10TH AVENUE, #604
MIAMI FL 33136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SONONREICH, STEVEN
4300 ALTON ROAD
MIAMI BEACH FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**IPC CARBONE, DAVID
20900 BISCAYNE BLVD
AVENTURA FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
David Carbone
20900 Biscayne Blvd
Aventura, FL 33180** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Quick *3/17/2003* *(954)964-1660*

CR2E037 (10/02)