2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90372 040 ****61.25

0037737

DOCUMENT # 766852

1. Entity Name

THE HEALTH COUNCIL OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
8095 N.W. 12TH ST. SUITE 300 MIAMI FL 33126	8095 N.W. 12TH ST. SUITE 300 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2268478 ☐ 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
ALBURY, SONYA R. 5757 BLUE LAGOON DR STE 170 MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) 8095 NW 12 Street #300 City Miami FL Zip Code 33126

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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITE, JOHN REV 245 NW 8TH STREET MIAMI FL 33136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ALBURY, SONYA R 5757 BLUE LAGOON DRIVE,#170 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8095 NW 12 street #300 Miami, Florida 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASH, DEBORAH DR 1501 NW 9TH AVE. MIAMI FL 33101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C COURTNEY, FRANK P.O.BOX 2100 N/A KEY WEST FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ann Rhode 27313 Dominica Lane Ramrodkey, Florida 33042	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEL VALLE, ELENA 11767 S. DIXIE HWY #363 MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Sonya Albury 4-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #