AMENDMENT

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

FILED
02 SEP -9 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766852

1. Entity Name
Health Council of South Florida

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8095 NW 12 street	8095 NW 12 street
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Miami, FLorida	City & State Miami, Florida
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 59-2268478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Sonya R. Albury

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

TITLE	(C)
NAME	Dr. Paul A. Gluck
STREET ADDRESS	10165 SW 84 Ct.
CITY-ST-ZIP	Miami, Florida 33156
TITLE	(D)
NAME	Elena DeL Valle
STREET ADDRESS	11767 South Dixie Hwy #363
CITY-ST-ZIP	Miami, Florida 33156
TITLE	(T)
NAME	Lisbeth Kern
STREET ADDRESS	1607 Johnson street
CITY-ST-ZIP	Key West, Florida 33040
TITLE	(S)
NAME	Max B. Rothman
STREET ADDRESS	791 Crandon Blvd. #602
CITY-ST-ZIP	Key Biscayne, FL. 33149
TITLE	(D)
NAME	Debra R. Premaza
STREET ADDRESS	146 Westminister Dr.
CITY-ST-ZIP	Tavernier, Florida 33070
TITLE	(D)
NAME	Sonya R. Albury
STREET ADDRESS	9199 SW 129 Lane
CITY-ST-ZIP	Miami, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	000007858160--0 -09/19/02--01095--009 *****61.25 *****61.25
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sonya R Albury 8-27-02 (305) 592-1452 x112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #