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

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

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
(C) Dr. Paul A. Gluck, 10165 SW 84 Ct., Miami, Florida 33156	000007858160--0 -09/19/02--01095--009 *****61.25 *****61.25
(D) Elena DeLvalle, 11767 South Dixie Hwy #363, Miami, Florida 33156	
(T) Lisbeth Kern, 1607 Johnson Street, Key West, Florida 33040	DO NOT WRITE IN THIS SPACE
(S) Max B. Rothman, 791 Crandon Blvd. #602, Key Biscayne, FL. 33149	
(D) Debra R. Premaza, 146 Westminister Dr., Tavernier, Florida 33070	
(D) Sonya R. Albury, 9199 SW 129 Lane, Miami, FL 33176	

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