

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766852

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** THE HEALTH COUNCIL OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

8095 N.W. 12TH ST.  
SUITE 300  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

8095 N.W. 12TH ST.  
SUITE 300  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 59-2268478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBURY, SONYA R  
8095 NW 12 STREET  
#300  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GONZALEZ, ANA R  
Address: 8095 NW 12 STREET, SUITE 300  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: COLLAZO, ALBERT  
Address: 8095 NW 12 STREET, SUITE 300  
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete  
Name: SHELBY, KERRY  
Address: 8095 NW 12 STREET, SUITE 300  
City-St-Zip: MIAMI, FL 33126

Title: C ( ) Delete  
Name: ROTHMAN, MAX B  
Address: 8095 NW 12 STREET SUITE 300  
City-St-Zip: MIAMI, FLORIDA, FL 33126

Title: D ( ) Delete  
Name: PREMAZA, DEBRA R  
Address: 8095 NW 12 STREET, SUITE 300  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: ALBURY, SONYA  
Address: 8095 NW 12 STREET, SUITE 300  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SONYA ALBURY

D

04/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date