

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 11, 2007
Secretary of State

DOCUMENT# 766852

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:**LOSA, MARISEL
8095 NW 12 STREET
#300
MIAMI, FL 33126 US

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: MARISEL LOSA

07/11/2007

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: C (X) Change () Addition
Name: KERN, LISBETH
Address: 8095 NW 12 STREET SUITE 300
City-St-Zip: MIAMI, FLORIDA, FL 33126

Title: D (X) Change () Addition
Name: PERDOMO, JOSE
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: P (X) Change () Addition
Name: LOSA, MARISEL
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify 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: MARISEL LOSA

P

07/11/2007

Electronic Signature of Signing Officer or Director

Date