

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003059

FILED
Feb 07, 2008
Secretary of State

Entity Name: MIAMI BEACH HEALTH FOUNDATION, INC.

Current Principal Place of Business:

710 ALTON RD.
MIAMI, FL 33139

New Principal Place of Business:

11645 BISCAYNE BOULEVARD
207
MIAMI, FL 33181

Current Mailing Address:

710 ALTON RD.
MIAMI, FL 33139

New Mailing Address:

11645 BISCAYNE BOULEVARD
207
MIAMI, FL 33181

FEI Number: 65-1110322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBATE, KATHRYN
710 ALTON RD.
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

ABBATE, KATHRYN
11645 BISCAYNE BOULEVARD
207
MIAMI, FL 33181 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: KATHRYN ABBATE

02/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: DEHART, STANLEY B
Address: 710 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MD () Delete
Name: RABINOWITH, MARK
Address: 710 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MD () Delete
Name: ABBATE, KATHRYN
Address: 710 ALTON RD.
City-St-Zip: MIAMI, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: DEHART, STANLEY B
Address: 1414 MAYO STREET
City-St-Zip: HOLLYWOOD, FL 331020

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

Title: MD (X) Change () Addition
Name: ABBATE, KATHRYN
Address: 521 NORTH 13 AVENUE
City-St-Zip: HOLLYWOOD, FL 33019

Title: MD () Change (X) Addition
Name: MITCHELL, RUBINSON
Address: 11645 BISCAYNE BOULEVARD 207
City-St-Zip: MIAMI, FL 33181

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: KATHRYN ABBATE

MD

02/07/2008

Electronic Signature of Signing Officer or Director

Date