

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N00000003059

Entity Name: MIAMI BEACH HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

11645 BISCAYNE BOULEVARD  
207  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11645 BISCAYNE BOULEVARD  
207  
MIAMI, FL 33181

**New Mailing Address:**

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  
11645 BISCAYNE BOULEVARD  
207  
MIAMI, FL 33181 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: MD ( ) Delete  
Name: DEHART, STANLEY B  
Address: 1414 MAYO STREET  
City-St-Zip: HOLLYWOOD, FL 33102

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

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

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

**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:

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: STANLEY B DEHART

MD

04/06/2009

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

\_\_\_\_\_  
Date