

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003059

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: DEHART, STANLEY B  
Address: 1655 NW 91 AVE # 518  
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STANLEY B DEHART JR

EVP

02/26/2010

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

\_\_\_\_\_  
Date