2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90040 048 ****70.00

DOCUMENT # N10552

1. Entity Name

SOUTH FLORIDA FAMILY MEDICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
5361 NW 22ND AVENUE MIAMI FL 33142	5361 NW 22ND AVENUE MIAMI FL 33142-8035

712102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 S. RoyalPoinciana Blvd.	700 S. Royal Poinciana Blvd.
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Miami Springs, FL	City & State: Miami Springs, FL
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number 59-2681559 ☐ Applied F ☐ Not Appli

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLINCH, CLEMENTINE 3025 NW 68TH STREET MIAMI FL 33147	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WRIGHT, SONNY 4600 NW 7TH AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FRIEDEWALD, DON 1531 N. OAK KNOLL CIRCLE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATTERN, JOSEPH 11801 S. ISLAND RD. COOPER CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUISSAINT, BEATRICE 6600 NW 27TH AVENUE, #201 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEIDT, ELLEN 5621 NW 19TH AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ALVIN 1401 NW 7TH ST., BLDG. F MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/4/00 305-885-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #