2002 UNIFORM BUSINESS REPORT (UBR)

02-27-2002 90180 001 ***298.75
N10552

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 21 PM 2:11
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DO NOT WRITE IN THIS SPACE

DOCUMENT # N10552

1. Entity Name

SOUTH FLORIDA FAMILY MEDICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
700 S ROYAL POINCIANA BLVD STE300 MIAMI FL 33166	700 S ROYAL POINCIANA BLVD STE300 MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2681559 ☐ Applied For ☐ Not Applicable

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	M Anthony E. Munroe 800 S. Royal Poinciana Blvd, Ste 300 Miami Spprings, FL 33166	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FRIEDEWALD, DON 1531 N. OAK KNOLL CIRCLE FT. LAUDERDALE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATTERN, JOSEPH 11801 S. ISLAND RD. COOPER CITY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUISSAINT, BEATRICE 6600 NW 27TH AVENUE, #201 MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEIDI EULEN 5201 NW 49TH AVENUE MIAMI FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ALVIN 1401 NW 7TH ST., BLDG. F MIAMI FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony E. Munroe SIGNATURE REQUIRED 2/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #