

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10552

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** SOUTH FLORIDA FAMILY MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:**

700 S ROYAL POINCIANA BLVD  
STE300  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

700 S ROYAL POINCIANA BLVD  
STE300  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 59-2681559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLINCH, CLEMENTINE  
3025 NW 68TH STREET  
MIAMI, FL 33147 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: C ( ) Delete  
Name: WRIGHT, SONNY  
Address: 4600 NW 7TH AVENUE  
City-St-Zip: MIAMI, FL

Title: VC ( ) Delete  
Name: FRIEDEWALD, DON  
Address: 1531 N. OAK KNOLL CIRCLE  
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete  
Name: PATTERN, JOSEPH  
Address: 11801 S. ISLAND RD.  
City-St-Zip: COOPER CITY, FL

Title: D ( ) Delete  
Name: LOUISSAINT, BEATRICE  
Address: 6600 NW 27TH AVENUE, #201  
City-St-Zip: MIAMI, FL

Title: M ( ) Delete  
Name: NEASMAN, ANNIE  
Address: 700 S ROYAL POINCIANA BLVD, STE 300  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: MOORE, ALVIN  
Address: 1401 NW 7TH ST., BLDG. F  
City-St-Zip: MIAMI, FL

**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:

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 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 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: CLEMENTINE CLINCH

MS.

04/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date