2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N10552

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 (X)**

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 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: CLEMENTINE CLINCH D 04/11/2006

Electronic Signature of Signing Officer or Director — Date