

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10552

FILED
Jan 05, 2007
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
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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: ANNIE R. NEASMAN

M

01/05/2007

Electronic Signature of Signing Officer or Director

Date