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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17410 (4)

1. Corporation Name

SOUTH FLORIDA HOSPITAL RESEARCH AND EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

8181 MIAMI LAKES DR. STE 200
(NW 154 ST.), STE 200
MIAMI LAKES FL 33016-5817
US

8181 MIAMI LAKES DR. STE 200
MIAMI LAKES FL 33016-5881
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip Country 25

29 Zip Country 30

3. Date Incorporated or Qualified
10/20/1986

3a. Date of Last Report
04/08/1996

4. FEI Number
59-2732250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUICK, LINDA S.
8181 MIAMI LAKES DRIVE, W
SUITE 200
MIAMI LAKES FL 33016-5817

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME QUICK, LINDA S.
STREET ADDRESS 8181 MIAMI LAKES DRIVE, W
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME DENARAEZ, DENNY
STREET ADDRESS 5000 W. OAKLAND PARK BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33313

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME CALDERIN, CAROLINA
STREET ADDRESS 5959 NW 7TH ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME BAUER, CLIFFORD
STREET ADDRESS 651 E 25TH STREET
CITY-ST-ZIP HIALEAH FL 33013

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME LERNER, HOLLY
STREET ADDRESS 3600 WASHINGTON ST
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Lewis Ransdell
5.3 STREET ADDRESS 1516 EAST LAS OLAS BLVD
5.4 CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda S. Quick
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 (305) 825-1407
DATE Daytime Phone # 0023352

CP2E037 (9/96)