

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33016-5817
US**

3. Date Incorporated or Qualified

10/20/1986

4. FEI Number

59-2732250

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 **Greg Boyer /Chair** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **10101 Forest Hill Blvd.**
1.4 CITY-ST-ZIP **West Palm Beach 33414**

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

2.1 TITLE **Treasurer** ☐ Change ☒ Addition
2.2 NAME **Stephen Patz**
2.3 STREET ADDRESS **160 NW 170th Street**
2.4 CITY-ST-ZIP **North Miami Beach, FL 33165**

TITLE **CD** ☐ DELETE
NAME **CALDERIN, CAROLINA**
STREET ADDRESS **5958 NW 7TH ST**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **Heather Rohan**
3.3 STREET ADDRESS **20900 Biscayne Blvd**
3.4 CITY-ST-ZIP **AVENUE, FL 33180**

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

4.1 TITLE **Chair Elect** ☐ Change ☐ Addition
4.2 NAME **Mewis Ramsdell**
4.3 STREET ADDRESS **1516 N.W. 2nd St.**
4.4 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **SD** ☐ DELETE
NAME **RANDELL, LEWIS**
STREET ADDRESS **1516 E LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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

2/10/98 (954) 964-1660

CP2E037 (10/97)