FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N18228

(9)

FOUNI	DATION HEALTHCORP, IN	C.				 				
Principal Place of Business Mailing Address										
315 SE 7TH STREET 315 SE 7TH STREET SUITE 301 SUITE 301										
Pr. Daudendrie Pt. 33301		FT. LAUDERDALE FL 33301 US			3. Date incorporated or Qualified 12/11/1986	3a. Date of Last Report 05/01/1995				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	4. FEI Number Applied For			
21		26				65-0001363		1	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	K		Additional Required	
City & State	•	City & State	<u></u>			6. Election Campaign Financing		\$5.0	O May Be	
23 Zip	Country	7.0	Zip Country			Trust Fund Contribution			d to Fees	
24]	25	29	30	ry		8. This corporation has liability for in Florida Statutes		_	199.032,	
9. Name and Address of Current Registered Agent				Florida Statutes X Yes No 10. Name and Address of New Registered Agent					-	
			8	1 Name						
JOHNSON, GARRY TRIPP, SCOTT, CONKLIN & SMITH			8	Street	Addres	s (P.O. Box Number is Not Acceptable	e)			
110 SE 6TH STREET 28TH FLOOR			8	5						
FT. LAUDERDALE FL 33301			-							
			8-	City			FL	85 Zip	o Code	
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above	named c	orporat	on submits this statement for the purp	occ of ob	anging its s	egistered office	
familiar wit	th, and accept the obligations of, Sec	ida. Stich change was authorize tion 617.0503, Florida Statutes.	ed by the cor	poration's	board	of directors. Thereby accept the appo	intment a	s registered	agent. I am	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable: NOYE Re				ad Agent signature required when reinstating) DATE						
12.		OFFICERS AND DIRECTORS 1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	CPD	_		1.1 TITLE				Change	Addition	
NAME	SHEA, THOMAS	DTE AAAA	1.2 NAME							
STREET ADDRESS	2101 W COMMERCIAL BLVD	31E 2000								
CITY-ST-ZIP TITLE	FT LAUD FL VD		14 CITY	1.4 CITY - ST - ZIP				—		
NAME	VD							Change	☐ Addition	
STREET ADDRESS	ALE OF PRILATE OF ALL			2.2 NAME						
				2 3 STREET ADDRESS						
CITY-ST-ZIP TITLE	FT LAUD FL			2 4 C(TY ST-Z)P				Change	M Addition	
NAME	LWIN, SEIN, MO.		3 2 NAME		TD			Change	Addition	
STREET ADDRESS	AAA A F COLLANDON			RO		riguez, Ramon				
CITY-ST-ZIP	ET MUDEODALES			1700		0 NW 4th St.				
TITLE	0	DELETE	4.1 TITLE		PIB	ntation, FL		Change	Addition	
NAME	DICKINSON, MARLYN	_	4 2 NAM							
STREET ADDRESS	1016 SE 6TH ST			T ADDRESS						
CITY-ST-ZIP	ft laud fl			ST-ZIP						
TITLE	SD	DELETE	5.1 TITLE				· · · · ·	Change	Addition	
NAME	LWIN, SEIN M.D.		5.2 NAME							
STREET ADDRESS	AAA AISI SIIRI AA		5.3 STREE	ADDRESS						
CITY-ST-ZIP			5 4 CITY-	ST-ZIP						
TITLE		DELETE	8 1 TITLE					☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6 3 STREE	T ADDRESS						
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished				ST-ZIP	L				}	
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnis	shed and do	es not qua	alify for	the exemption stated in Section 119.0	7(3)(k), Fk	orida Statute	as. 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR