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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # N20830 (8)

1. Corporation Name

HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH
FLORIDA, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DR.
STE. #901
MIAMI FL 33131
US

601 BRICKELL KEY DR.
STE. #901
MIAMI FL 33131
US



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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, RICHARD B JR.
CORCORD BLDG., 5TH FLOOR
66 WEST FLAGLER STREET
MIAMI FL 33130

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 617.0803, Florida Statutes.

SIGNATURE

Richard B. Adams, Jr.

(NOTE: Registered Agent signature required when reinstating)

1/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME O'NEIL, JOHN H JR
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-STATE-ZIP MIAMI FL 33131

11 TITLE D
12 NAME Richard B. Adams, Jr.
13 STREET ADDRESS 601 Brickell Key Drive, # 901
14 CITY-STATE-ZIP Miami, FL 33131

TITLE DS
NAME MUELLER, BEVERLY L
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-STATE-ZIP MIAMI FL 33131

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE D
NAME ORTIZ, RAMIRO
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-STATE-ZIP MIAMI FL 33131

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D
NAME NORDQVIST, STAFFAN MD
STREET ADDRESS 601 BRICKELL KEY DR., 901
CITY-STATE-ZIP MIAMI FL 33131

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE *P
NAME DEFURIO, ANTHONY C
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-STATE-ZIP MIAMI FL 33131

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE D
NAME Walter J. Stanton, III
STREET ADDRESS 601 Brickell Key Drive, # 901
CITY-STATE-ZIP Miami, FL 33131

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anthony C. DeFurio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

DATE

Daytime Phone #

CR2E037 (12/95)