


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20830

1. Corporation Name

HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/26/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0005383	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 617.0503, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, JOHN H JR	1.2 NAME	O'Neil, John H. Jr.
STREET ADDRESS	601 BRICKELL KEY DR., #901	1.3 STREET ADDRESS	601 Brickell Key Dr., #901
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, BEVERLY L	2.2 NAME	Mueller, Beverly L.
STREET ADDRESS	601 BRICKELL KEY DR., #901	2.3 STREET ADDRESS	601 Brickell Key Dr., #901
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORDQVIST, STAFFAN MD	3.2 NAME	Grossman, Philip MD
STREET ADDRESS	601 BRICKELL KEY DR., 901	3.3 STREET ADDRESS	601 Brickell Key Dr. 901
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSTEAD, THOMAS L	4.2 NAME	Sheldon Dagen
STREET ADDRESS	601 BRICKELL KEY DR., #901	4.3 STREET ADDRESS	601 Brickell Key Dr., #901
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, WALTER J III	5.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DR., #901	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Aug 99 (305) 374-7200

CR2E037 (5/99)