


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).

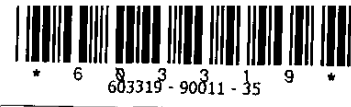
**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 601 BRICKELL KEY DRIVE STE. #901 MIAMI FL 33131 US	Mailing Address 601 BRICKELL KEY DRIVE STE. #901 MIAMI FL 33131 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/26/1987	4. FEI Number 65-0005383	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEIL, JOHN H JR	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MUELLER, BEVERLY L	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NORDQVIST, STAFFAN MD	
STREET ADDRESS	601 BRICKELL KEY DR., 901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELSTEAD, THOMAS L	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANTON, WALTER J III	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Neil, John H. Jr.	
1.3 STREET ADDRESS	601 Brickell Key Dr., #901	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mueller, Beverly L.	
2.3 STREET ADDRESS	601 Brickell Key Dr., #901	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grossman, Philip MD	
3.3 STREET ADDRESS	601 Brickell Key Dr. 901	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sheldon Dagen	
4.3 STREET ADDRESS	601 Brickell Key Dr., #901	
4.4 CITY-ST-ZIP	Miami, FL 33131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *4 Aug 99* (305) 374-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

000351  
CR2E037 (5/99)