

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

0038448

DOCUMENT # N20830

1. Entity Name

HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH

03-23-2001 90016 037 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0005383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
ONE S.E. 3RD AVENUE

28TH FLOOR

City
MIAMI

FL

Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

AMERICAN INFORMATION SERVICES, INC.

Angelica M. Calabrese
 Assistant Secretary

3/20/01

SIGNATURE

By *Angelica M. Calabrese*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME **D** ☐ Delete
MUELLER, BEVERLY L
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE
 NAME **C** ☐ Delete
GROSSMAN, PHILIP MD
 STREET ADDRESS **601 BRICKELL KEY DR., 901**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE
 NAME **D** ☐ Delete
DAGEN, SHELDON
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE
 NAME **D** ☐ Delete
STANTON, WALTER J III
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **S** ☐ Change ☒ Addition
Susan Kelley
 STREET ADDRESS **601 Brickell Key Dr., #901**
 CITY-ST-ZIP **Miami, FL. 33131**

TITLE
 NAME **D** ☐ Change ☒ Addition
James M. Eckhart
 STREET ADDRESS **601 Brickell Key Dr., #901**
 CITY-ST-ZIP **Miami, FL. 33131**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelica M. Calabrese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

(305) 374-7200

Daytime Phone #

CR2E037 (10/00)