

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-23-2002 90088 008 ****61.25

DOCUMENT # N20830

1. Entity 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

37841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0005383

Applied For

Not Applicable

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.
 ADAMS & ADAMS
 66 W. FLAGLER STREET, 5TH FLOOR
 MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE:

Richard B. Adams

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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 STREET ADDRESS CITY-ST-ZIP	D MUELLER, BEVERLY L. 601 BRICKELL KEY DR., #901 MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GROSSMAN, PHILIP MD 601 BRICKELL KEY DR., 901 MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGEN, SHELDON 601 BRICKELL KEY DR., #901 MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, WALTER J III 601 BRICKELL KEY DR., #901 MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, SUSAN 601 BRICKELL KEY DRIVE # 901 MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKHART, JAMES M 601 BRICKELL KEY DRIVE # 901 MIAMI FL 33131	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grossman, M.D. Philip 601 Brickell Key Drive, #901 Miami, FL. 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adams, Richard B. 601 Brickell Key Drive, #901 Miami, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nordqvist, M.D., Staffan 601 Brickell Key Drive, #901 Miami, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

2. 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:

Richard B. Adams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

305 371-3333
 Daytime Phone #

CR2E037 (9/01)