

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # N21265 (6)
Corporation Name
HEALTH FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
601 BRICKELL KEY DR. STE. 901 MIAMI FL 33131 US		601 BRICKELL KEY D R. STE. 901 MIAMI FL 33131 US		06/23/1987		03/02/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0003584		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Zip		Country		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.
CONCORD 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 617.0501, Florida Statutes.

SIGNATURE: *Richard B Adams* (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	1.1 TITLE	D
NAME	LINDSAY, ALVIN F	1.2 NAME	Beverly L. Mueller
STREET ADDRESS	601 BRICKELL KEY DR., #901	1.3 STREET ADDRESS	601 Brickell Key Drive, # 901
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	PD	2.1 TITLE	D
NAME	CULBRETH, THOMAS	2.2 NAME	Dr. Hector B. Jimenez
STREET ADDRESS	601 BRICKELL KEY DR., #901	2.3 STREET ADDRESS	601 Brickell Key Drive, # 901
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	CD	3.1 TITLE	P
NAME	O'NEIL, JOHN H JR.	3.2 NAME	Anthony C. DeFurio
STREET ADDRESS	601 BRICKELL KEY DR., #901	3.3 STREET ADDRESS	601 Brickell Key Drive, # 901
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	D	4.1 TITLE	
NAME	GROSSMAN, PHILIP M.D.	4.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DR., 901	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	NORDQUIST, STAFFAN M.D.	5.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DR., 901	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	DS	6.1 TITLE	
NAME	PEREZ, ALBERT	6.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DR., #901	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - 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* DATE: 1/30/96 DAYTIME PHONE #

CR2E037 (12/95)