

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21265 (6)

1. Corporation Name

HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DR.
STE. 901
MIAMI FL 33131
US601 BRICKELL KEY D R.
STE. 901
MIAMI FL 33131-2649
US

3. Date Incorporated or Qualified

06/23/1987

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0003584

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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 617.0503, 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	V	<input type="checkbox"/> DELETE
NAME	LINDSAY, ALVIN F	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULBRETH, THOMAS	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEIL, JOHN H JR.	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, PHILIP M.D.	
STREET ADDRESS	601 BRICKELL KEY DR., 901	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORDQUIST, STAFFAN M.D.	
STREET ADDRESS	601 BRICKELL KEY DR., 901	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEREZ, ALBERT	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	D	Adams, Richard B., Jr.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME		601 Brickell Key Dr., #901		
1.3 STREET ADDRESS		Miami, FL 33131		
1.4 CITY-ST-ZIP				
2.1 TITLE	D	Jimenez, M.D., Hector	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME		601 Brickell Key Dr., #901		
2.3 STREET ADDRESS		Miami, FL 33131		
2.4 CITY-ST-ZIP				
3.1 TITLE	D	Mueller, Beverly	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME		601 Brickell Key Dr., #901		
3.3 STREET ADDRESS		Miami, FL 33131		
3.4 CITY-ST-ZIP				
4.1 TITLE	D	Stanton, III, Esq., Walter	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME		601 Brickell Key Dr., #901		
4.3 STREET ADDRESS		Miami, FL 33131		
4.4 CITY-ST-ZIP				
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026809

CR2E037 (9/96)