


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

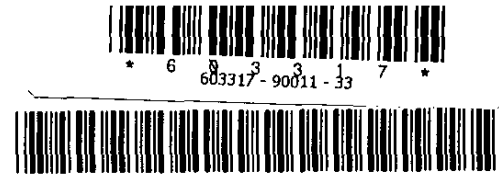
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21265

1. Corporation Name
HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business 601 BRICKELL KEY DR. STE. 901 MIAMI FL 33131 US	Mailing Address 601 BRICKELL KEY D R. STE. 901 MIAMI FL 33131 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/23/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0003584
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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. CONCORD 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHELDON D DAGEN		1.2 NAME Mueller, Beverly L	
STREET ADDRESS 601 BRICKELL KEY DR., #901		1.3 STREET ADDRESS 601 Brickell Key Dr., #901	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP Miami, FL 33131	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CULBRETH, THOMAS		2.2 NAME Adams, Richard B., Jr.	
STREET ADDRESS 601 BRICKELL KEY DR., #901		2.3 STREET ADDRESS 601 Brickell Key Dr., #901	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33131	
TITLE CD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME O'NEIL, JOHN H JR.		3.2 NAME Stanton, Walter J	
STREET ADDRESS 601 BRICKELL KEY DR., #901		3.3 STREET ADDRESS 601 Brickell Key Dr., #901	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33131	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 S	<input type="checkbox"/> DELETE	6.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, ALBERT		6.2 NAME Perez, Albert	
STREET ADDRESS 601 BRICKELL KEY DR., #901		6.3 STREET ADDRESS 601 Brickell Key Dr., 901	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP Miami, FL 33131	

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: John O'Neil **REQUIRED** *4 Aug 99* (305) 374-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0005501
CR2E037 (5/99)