

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90157 038 ****61.25

DOCUMENT # N21265

1. Entity Name

HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DR.
 STE. 901
 MIAMI FL 33131
 US

601 BRICKELL KEY D R.
 STE. 901
 MIAMI FL 33131-2510
 US

00024913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0003584

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.
 CONCORD BLDG., 5TH FLOOR
 66 WEST FLAGLER STREET
 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 _____

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

TITLE **D** Change Addition
 NAME **Mueller, Beverly**
 STREET ADDRESS **601 Brickell Key Dr., 901**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** Delete
 NAME **CULBRETH, THOMAS**
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** Change Addition
 NAME **Adams, Richard B., Jr.**
 STREET ADDRESS **601 Brickell Key Dr., 901**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **CD** Delete
 NAME **O'NEIL, JOHN H JR.**
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GROSSMAN, PHILIP M.D.**
 STREET ADDRESS **601 BRICKELL KEY DR., 901**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NORDQUIST, STAFFAN M.D.**
 STREET ADDRESS **601 BRICKELL KEY DR., 901**
 CITY-ST-ZIP **MIAMI FL**

TITLE **CD** Change Addition
 NAME **Nordqvist, Staffan, M.D.**
 STREET ADDRESS **601 Brickell Key Dr., 901**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **TD** Delete
 NAME **PEREZ, ALBERT**
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 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 empowerments.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00

CR2E037 (9/99)