

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91179 029 ****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
 US

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

65-0003584

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

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 **Adams, Richard B.**
 STREET ADDRESS **601 Brickell Key Drive, #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 **Kelley, Susan**
 STREET ADDRESS **601 Brickell Key Drive, #901**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **S** ☐ Delete
 NAME **MUELLER, BEVERLY**
 STREET ADDRESS **601 BRICKELL KEY DR., #901**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Change ☒ Addition
 NAME **Eckhart, James M.**
 STREET ADDRESS **601 Brickell Key Drive, #901**
 CITY-ST-ZIP **Miami, FL 33131**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Bastien, Marleine**
 STREET ADDRESS **601 Brickell Key Drive, #901**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **C** ☒ Delete
 NAME **NORDQUIST, STAFFAN M.D.**
 STREET ADDRESS **601 BRICKELL KEY DR., 901**
 CITY-ST-ZIP **MIAMI FL 33131**

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

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/02

305-371-3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Page Page #

CR2E037 (9/01)