2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N21265

Entity Name: HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0005384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, RICHARD B JR
ADAMS & ADAMS
66 W, FLAGLER STREET, 5TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

ADAMS, RICHARD B JR
ADAMS & ADAMS
155 S. MIAMI AVENUE, 9TH FLOOR
MIAMI, FL 33130 US

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: _____ 04/19/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHELDON D DAGEN,	
Address:	601 BRICKELL KEY DR., #901	
City-St-Zip:	MIAMI, FL 33131	
Title:	C	( ) Delete
Name:	ADAMS, RICHARD B	
Address:	601 BRICKELL KEY DR., #901	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	GROSSMAN, PHILIP MD	
Address:	601 BRICKELL KEY DR., #901	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	KELLEY, SUSAN	
Address:	601 BRICKELL KEY DRI 3 901	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	ECKHART, JAMES M	
Address:	601 BRICKELL KEY DR., 901	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	GILMORE, KAREN	
Address:	601 BRICKELL KEY DR., #901	
City-St-Zip:	MIAMI, FL 33131	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN E. MARCUS CEO 04/19/2005
Electronic Signature of Signing Officer or Director — Date