

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21265

FILED
Mar 17, 2009
Secretary of State

Entity Name: HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD
SUITE 1710
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

2 SOUTH BISCAYNE BLVD
SUITE 1710
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
155 S. MIAMI AVENUE, 9TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KELLEY, SUSAN
Address: 2 S. BISCAYNE BLVD., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ADAMS, RICHARD B
Address: 2 S. BISCAYNE BLVD., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GROSSMAN, PHILIP MD
Address: 2 S. BISCAYNE BLVD. SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DAGEN, SHELDON D
Address: 2 S. BISCAYNE BLVD., SUITW 1710
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: GROSSMAN, DIVINA
Address: 2 S. BISCAYNE BLVD., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: GILMORE, KAREN
Address: 2 S. BISCAYNE BLVD., SUITE 1710
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 exemption stated in Chapter 119, 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

03/17/2009

Electronic Signature of Signing Officer or Director

Date