


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91059 007 ****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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHELDON D DAGEN | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ADAMS, RICHARD B | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | GROSSMAN, PHILIP MD | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KELLEY, SUSAN | |
| STREET ADDRESS | 601 BRICKELL KEY DRI 3 901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ECKHART, JAMES M | |
| STREET ADDRESS | 601 BRICKELL KEY DR., 901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | PEREZ, ALBERT | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Perez, Albert | |
| 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: _____ **REQUIRED** 4/14/03 805 3713333

CR2E037 (10/02)