

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:31

DOCUMENT # N38239 (2)

1. Corporation Name

SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RE
SEARCH AND EDUCATION, INC.

Principal Place of Business

Mailing Address

% TRUMAN A. SKINNER, ESQ.
9130 S DADELAND BLVD., #1509, 2 DATRAN CTR
MIAMI FL 33156

% TRUMAN A. SKINNER, ESQ.
9130 S DADELAND BLVD., #1509, 2 DATRAN CTR
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1990

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0207903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 910 TRACEY A. SKINNER, ESQ.
SUITE 305

26 910 TRACEY A. SKINNER, ESQ.
SUITE 305

22 4675 PONCE DE LEON BLVD.
City & State

27 4675 PONCE DE LEON BLVD.
City & State

23 CORAL GABLES, FL.

28 CORAL GABLES, FL.

Zip Country

Zip Country

24 33146

25 U.S.A.

29 33146

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKINNER, TRUMAN A., ESQ.
9130 S. DADELAND BLVD. #1509
2 DATRAN CENTER
MIAMI FL 33156

81 Name

TRACEY A. SKINNER, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

4675 PONCE DE LEON BLVD., SUITE 305

83

RIVIERA PROFESSIONAL BUILDING

84

CORAL GABLES

FL

85 Zip Code

33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Tracey A. Skinner (TRACEY A. SKINNER)

3.3.95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOHERTY, THOMAS C.
STREET ADDRESS	1201 NW 16TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FISHMAN, LAWRENCE, MD
STREET ADDRESS	1201 NW 16TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	PEREZ-STABLE, ELISEO, MD
STREET ADDRESS	1201 NW 16TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Lawrence M. Fishman, M.D.

3/20/95

305-324-3179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

Lawrence M. Fishman, M.D.

000001