

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90166 046 \*\*\*\*61.25

**DOCUMENT # N38239**

1. Entity Name

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



Principal Place of Business

**TRACY S. BROWN  
4675 PONCE DE LEON BLVD STE 305  
CORAL GABLES FL 33146  
US**

Mailing Address

**TRACY S. BROWN  
4675 PONCE DE LEON BLVD STE 305  
CORAL GABLES FL 33146  
US**

**22002704**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0207903**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRACEY SKINNER BROWN (note new address)  
4675 PONCE DE LEON BLVD  
STE 305  
CORAL GABLES FL 33146**

Name **Tracey Skinner Brown**

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

**2199 Ponce De Leon Blvd., Suite 301**

City **Coral Gables**

FL Zip Code **33134**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **DOHERTY, THOMAS C.**  
STREET ADDRESS **1201 NW 16TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition  
NAME **Vara, John, M.D.**  
STREET ADDRESS **1201 NW 16th Street**  
CITY-ST-ZIP **Miami, FL 33125**

TITLE ☐ Delete  
NAME **FISHMAN, LAWRENCE, MD**  
STREET ADDRESS **1201 NW 16TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **MINTZER, MICHAEL MD**  
STREET ADDRESS **1201 NW 16TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Lawrence M. Fishman* **Lawrence M. Fishman, M.D. 1/27/03 305-324-3195**

CR2E037 (10/02)