

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42354

FILED
Jan 10, 2007
Secretary of State

Entity Name: DR. BRUCE HEIKEN MEMORIAL FUND, INC.

Current Principal Place of Business:

10300 SUNSET DR
STE 303
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10300 SUNSET DR
STE 303
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0273018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUNDL, JOANNE DR.
377 NO KROME AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

KUNDL, JOANNE DR.
10300 SUNSET DR
SUITE 303
MIAMI, FL 33173 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:

01/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, STEPHEN O
Address: 6201 SW 70 ST. STE. 302
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: CHERDACK, MELANIE
Address: 1541 BRICKELL AVE. #1502
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: CHERDACK, LEONARD
Address: 10521 SW NO. KENDALL DR. STE. E-103
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: KUNDL, JOANNE DR
Address: 377 NO KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: HEIKEN, ROSALYN
Address: 7400 SW 131 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRIS, STEPHEN
Address: 6201 SW 70 ST. STE. 302
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: CHERDACK, MELANIE
Address: 1541 BRICKELL AVE. #1502
City-St-Zip: MIAMI, FL 33129

Title: D (X) Change () Addition
Name: LEVITT, ALAN
Address: 1031 IVES DAIRY ROAD STE. 133
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PD (X) Change () Addition
Name: KUNDL, JOANNE
Address: 377 NO KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

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 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: JOANNE KUNDL, O.D.

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date