

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47443 (9)

1. Corporation Name

SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.



Principal Place of Business

Mailing Address

11110 S.W. 13TH STREET
PEMBROKE PINES FL 33025-3547

11110 S.W. 13TH STREET
PEMBROKE PINES FL 33025-3547

3. Date Incorporated or Qualified
02/19/1992

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, HAROLD E ESQ
~~BECKER & POLIAKOFF, PA~~
~~3111 STIRLING ROAD~~
~~FT LAUDERDALE FL 33312~~

81 Name

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

7162 Nbb Hill Road

83

Tamarac,

84

City

FL

85

Zip Code

33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Harold E. Kaplan

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

(NOTE: Registered Agent signature required when reinstating)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D FINIZIO, MARIANNE L**
STREET ADDRESS **5040 NW 7TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D ARFANIS, JOHN**
STREET ADDRESS **2905 AZALES DRIVE**
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☒ DELETE

NAME ~~**D SHADOAN, JAMES J**~~
STREET ADDRESS ~~**1400 NW 12 AVE**~~
CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE ☐ DELETE

NAME **D CHANG, ANNETTE M**
STREET ADDRESS **11110 SW 13 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☒ DELETE

NAME ~~**D ROBERTS, THOMAS C**~~
STREET ADDRESS ~~**4611 NW 12 AVE**~~
CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **ARFANIS, JOHN**
2.3 STREET ADDRESS **1351 S.E. 7th Avenue Apt 102**
2.4 CITY-ST-ZIP **Dania, FL 33004**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D EDWARD HERNANDO**
3.3 STREET ADDRESS **AngelCare Health Corporation**
3.4 CITY-ST-ZIP **300 71st Street, Suite 640**
Miami Beach, FL 33141

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 **D RANDALL LEE**
5.3 STREET ADDRESS **Dir. Planning, Baptist Hospital of Miami**
5.4 CITY-ST-ZIP **8900 N. Kendall Drive, Miami FL 33176**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D KATHY BARNETT NOVAK**
6.3 STREET ADDRESS **451 S.E. 9th Avenue, Pompano Beach FL 33060**
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 119.07(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 if changed from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

DATE

954-435-7159

Daytime Phone #

CR2E037 (12/95)