

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47443 (9)
1. Corporation Name
SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.

FILED

97 JUL 18 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~1440 S.W. 10TH STREET~~
~~PEMBROKE PINES FL 33065-0347~~
~~P.O. Box 547291~~
~~SURFSIDE, FL 33154-7291~~
1440 S.W. 10TH STREET
PEMBROKE PINES FL 33065-0347
P.O. Box 547291
SURFSIDE, FL 33154-7291

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
02/19/1992 02/21/1996
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
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
~~7482 N.W. 11TH RD~~
~~MIAMI, FL 33157~~
COLONIAL PLACE, SUITE 214
1515 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal place of business, or both, within 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

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 FINIZIO, MARIANNE L
STREET ADDRESS 5040 NW 7TH STREET
CITY-ST-ZIP MIAMI FL
TITLE D
NAME ARFANIS, JOHN
STREET ADDRESS 1351 SE 7TH AVE, APT 102
CITY-ST-ZIP DANIA FL
TITLE D
NAME HERNANDO, EDWARD
STREET ADDRESS ANGELCARE HEALTH CORP, 300 71ST ST, #640
CITY-ST-ZIP MIAMI FL
TITLE D
NAME CHANG, ANNETTE M
STREET ADDRESS 11110 SW 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL
TITLE D
NAME LEE, RANDALL
STREET ADDRESS 8000 N. KENDALL DR, BAPTIST HOSP. O/ MIAMI
CITY-ST-ZIP MIAMI FL
TITLE D
NAME NOVAK, KATHY BARNETT
STREET ADDRESS 451 SE 9TH AVE
CITY-ST-ZIP POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D
1.2 NAME Monte, Emilio
1.3 STREET ADDRESS 9317 Collins Ave, Apt 25
1.4 CITY-ST-ZIP Surfside, FL 33154
2.1 TITLE D
2.2 NAME Rosenthal, Leigh
2.3 STREET ADDRESS 4910 Jefferson St
2.4 CITY-ST-ZIP Hollywood, FL 33021
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do 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 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, or on an attachment with an address.