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Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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.



Principal Place of Business Mailing Address
P.O. BOX 547291 P.O. BOX 547291
SURFSIDE FL 33154-7291 SURFSIDE FL 33154-7291

3. Date Incorporated or Qualified

02/19/1992

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, HAROLD E ESO
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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MONTE, EMILIO
STREET ADDRESS 9317 COLLINS AVENUE, APT. 25
CITY-ST-ZIP SURFSIDE FL 33154

1.1 TITLE P
1.2 NAME Randall H. Lee
1.3 STREET ADDRESS 10280 SW 121 St.
1.4 CITY-ST-ZIP Miami, FL 33176

TITLE D
NAME ARFANIS, JOHN
STREET ADDRESS 1351 SE 7TH AVE, APT 102
CITY-ST-ZIP DANIA FL

2.1 TITLE D
2.2 NAME Alejandro Fernandez, Jr.
2.3 STREET ADDRESS 7500 SW 87 AVE, Suite 200
2.4 CITY-ST-ZIP Miami, FL 33173

TITLE D
NAME ROSENTHAL, LEIGH
STREET ADDRESS 4910 JEFFERSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

3.1 TITLE T
3.2 NAME Angela Toro-Kaplan
3.3 STREET ADDRESS 7650 Corporate Center Dr. / #500
3.4 CITY-ST-ZIP Miami, FL 33126

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

4.1 TITLE S
4.2 NAME Cary Nieves
4.3 STREET ADDRESS Pan American Hospital / 5959 NW 7 St.
4.4 CITY-ST-ZIP Miami, FL 33126

TITLE D
NAME NOVAK, KATHY BARNETT
STREET ADDRESS 451 SE 9TH AVE
CITY-ST-ZIP POMPANO BCH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, or on an attachment with an address.

SIGNATURE:

Randall H. Lee

Randall H. Lee

305-596-6503

CR2E037 (10/97)