

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/17/00-90084-028-\$61.25-\$61.25  
\* 8/29/00-90001-003-\$61.25-\$61.25

DOCUMENT # N47443

1. Entity Name

SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.

Principal Place of Business

7280 W MCNAB RD STE 150  
N LAUDERDALE FL 33068

Mailing Address

7280 W MCNAB RD STE 150  
N LAUDERDALE FL 33068

2. Principal Place of Business

6363 Taft Street

Suite, Apt. #, etc.

Suite 200

City & State

Hollywood, FL

Zip

33024

Country

U.S.A.

3. Mailing Address

6363 Taft Street

Suite, Apt. #, etc.

Suite 200

City & State

Hollywood, FL

Zip

33024

Country

U.S.A.

6. Name and Address of Current Registered Agent

FERNANDEZ ALEX  
7280 W MCNAB RD STE 150  
N LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name Patty Mendel

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

6363 Taft Street

Suite 200

City Hollywood

FL

Zip Code

33024

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.

SIGNATURE

*Patty Mendel*

Patty Mendel

8/10/00

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  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALBERTON, MICHAEL	
STREET ADDRESS	7280 W MCNAB RD STE 150	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDES, ALEJANDRO	
STREET ADDRESS	7280 W MCNAB RD STE 150	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLANCO, PAT	
STREET ADDRESS	7280 W MCNAB RD STE 150	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	①	Past-President - SFHEP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Michael Albertson	
STREET ADDRESS		6363 Taft Street Suite 200	
CITY-ST-ZIP		Hollywood, FL, 33024	
TITLE	①	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Patty Mendel	
STREET ADDRESS		6363 Taft Street Suite 200	
CITY-ST-ZIP		Hollywood FL 33024	
TITLE	①	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Zahide Kocadag	
STREET ADDRESS		6363 Taft Street, Suite 200	
CITY-ST-ZIP		Hollywood, FL 33024	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michael Albertson* Michael Albertson 8/10/00 (954) 468-5269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E037 (5/00)

LS