

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90047 003 \*\*\*\*61.25

<b>DOCUMENT # N47443</b> 1. Entity Name SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.					
Principal Place of Business 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024			Mailing Address 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01192004 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORKOWSKY, NANCY- 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name <u>George Andrews</u> Street Address (R.O. Box Number is Not Acceptable) <u>6363 Taft Street</u> <u>Suite 200</u> <u>Hollywood</u> FL <u>33024</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>George Andrews</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORKOWSKI, NANCY 6363 TAFT STREET, STE. 200 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George Andrews 6363 Taft Street, Suite 200 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOCADAG, ZAHIDE 6363 TAFT STREET, STE. 200 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Francis Afram-Gyering 6363 Taft Street, Suite 200 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, GEORGE 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Nancy Borkowski 6363 Taft Street, Suite 200 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALONEY, PATRICK J 6363 TAFT STREET SUITE 200 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer M. Alexandra Johnson 6363 Taft Street, Suite 200 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE 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)(l), 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: <u>George Andrews</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>954-894-9405</u> Daytime Phone #					