2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N47443

Entity Name: SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.

Current Principal Place of Business:

6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, GEORGE
6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

JOHNSON, JEREMY
6363 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 US

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: JEREMY JOHNSON 04/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: ANDREWS, GEORGE
Address: 6363 TAFT STREET, STE. 200
City-St-Zip: HOLLYWOOD, FL 33024

Title: PE ( ) Delete
Name: AFRAM-GYERNING, FRANCIS
Address: 6363 TAFT STREET, STE. 200
City-St-Zip: HOILLYWOOD, FL 33024

Title: PP ( ) Delete
Name: BORKOWSKI, NANCY
Address: 6363 TAFT STREET SUITE 200
City-St-Zip: HOLLYWOOD, FL 33024

Title: T ( ) Delete
Name: JOHNSON, M. ALEXANDRA
Address: 6363 TAFT STREET SUITE 200
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: AFRAM-GYERNING, FRANCIS
Address: 6363 TAFT STREET, STE. 200
City-St-Zip: HOILLYWOOD, FL 33024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change ( ) Addition
Name: JOHNSON, M. ALEXANDRA
Address: 6363 TAFT STREET SUITE 200
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY JOHNSON ED 04/13/2005
Electronic Signature of Signing Officer or Director Date