

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47443

FILED
Apr 29, 2007
Secretary of State

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: 65-0316561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PS () Delete
Name: THOMPSON, HENRY
Address: 6363 TAFT ST STE 200
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BOBO, LAWRENCE T
Address: 6363 TAFT STREET SUITE 200
City-St-Zip: HOLLYWOOD, FL 33024

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

Title: PT (X) Change () Addition
Name: BORKOWSKI, NANCY PT
Address: 6363 TAFT ST STE 200
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LAWRENCE BOBO

T

04/29/2007

Electronic Signature of Signing Officer or Director

Date