


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N51036 1. Entity Name SOUTH FLORIDA JAZZ, INC.	
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Principal Place of Business 10460 KESTREL ST. PLANTATION, FL 33324 US	Mailing Address 7860 PETERS ROAD STE F-110 PLANTATION, FL 33324 US
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03172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0362690	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 SCHNEIDER, ALAN B. 3230 STIRLING ROAD SUITE 1A HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000365538
04/07/08-80032-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, JOEL A. MD 21050 POINT PLACE, SUITE 705 AVENTURA, FL 33080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, RONALD B. M.D. 10460 KESTREL ST. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEROTTA, RICHARD 12390 NE 13TH PLACE NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, RALPH 20160 NE 3RD COURT, #2 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-08 305 933 0980