

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005730 (7)**

1. Corporation Name

THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION FOUNDATION, INC.



Principal Place of Business

1750 NE 167 ST
STE. 1500
N. MIAMI BCH FL 33162
US

Mailing Address

1750 NE 167 ST
STE. 1500
N. MIAMI BCH FL 33162
US

3. Date Incorporated or Qualified
12/20/1993

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0456144

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONAS, DANIEL E
1750 NE 167TH ST.
SUITE 1530
NORTH MIAMI BEACH FL 33162

81 Name **Arnold Melnick D.O.**
82 Street Address (P.O. Box Number is Not Acceptable)
1750 NE 167 street
83 **Suite 1500**
84 City **North Miami Beach FL** 85 Zip Code **33162**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Arnold Melnick **Arnold Melnick**

2/2/96

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	EMIL, TODARO D.O.	
STREET ADDRESS	2195 NE 120 ST	
CITY-ST-ZIP	N. MIAMI BCH FL 33181	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRIS, MORTON J	
STREET ADDRESS	2500 HOLLYWOOD BLVD. STE. 212	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARKUS, DANIEL D.O.	
STREET ADDRESS	20370 NE 22ND PLACE	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRAZER, DECKER J. D.O.	
STREET ADDRESS	4237 SALISBURY RD., SUITE 102	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCELINO, OLIVA D	
STREET ADDRESS	P.O. BOX 1234 N/A	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUSHKIN, EMANUEL O.D.	
STREET ADDRESS	570 REINANTE AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Royal Flagg Jonas Esq	
23 STREET ADDRESS	300 71 street #415	
24 CITY-ST-ZIP	Miami Beach FL 33141	
31 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Morton Terry D.O.	
33 STREET ADDRESS	1750 NE 167 street	
34 CITY-ST-ZIP	N Miami Beach FL 33162	
41 TITLE	Assistant Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Arnold Melnick D.O.	
43 STREET ADDRESS	1750 NE 167 st	
44 CITY-ST-ZIP	N Miami Beach FL 33162	
51 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Morton Smith	
53 STREET ADDRESS	1750 NE 167 street	
54 CITY-ST-ZIP	N Miami Beach FL 33162	
61 TITLE	Jay Tischenkel Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	1750 NE 167 st	
64 CITY-ST-ZIP	N Miami Beach FL 33162	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arnold Melnick

2/2/96

305 949 4000

SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
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1 Corporation Name

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4 FEI Number
65-0456144

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5 Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

6 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9 Name and Address of Current Registered Agent

10 Name and Address of New Registered Agent

JONAS, DANIEL E
1750 NE 167TH ST.
SUITE 1530
NORTH MIAMI BEACH FL 33162

81 Name

82 (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12 OFFICERS AND DIRECTORS		13 OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE	11 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMIL, TODARO D.O.	12 NAME	Sylvia Orlich
STREET ADDRESS	2195 NE 120 ST	13 STREET ADDRESS	2500 SW 75 Ave
CITY - ST - ZIP	N. MIAMI BCH FL 33181	14 CITY - ST - ZIP	Miami FL 33155
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, MORTON J	22 NAME	Philip Skettle D.O.
STREET ADDRESS	2500 HOLLYWOOD BLVD. STE. 212	23 STREET ADDRESS	1670 Fox Road
CITY - ST - ZIP	HOLLYWOOD FL 33020	24 CITY - ST - ZIP	Clearwater FL 34624
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKUS, DANIEL D.O.	32 NAME	Mervin Meck D.O.
STREET ADDRESS	20370 NE 22ND PLACE	33 STREET ADDRESS	656 Park Blvd
CITY - ST - ZIP	N. MIAMI BCH FL 33180	34 CITY - ST - ZIP	Marion Va 24351
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZER, DECKER J. D.O.	42 NAME	Daniel Finkelstein
STREET ADDRESS	4237 SALISBURY RD., SUITE 102	43 STREET ADDRESS	444 NE 101 St
CITY - ST - ZIP	JACKSONVILLE FL 32216	44 CITY - ST - ZIP	Miami Shores FL 33139
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	Sandra L. Schwemmer D.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCELINO, OLIVA D	52 NAME	Director
STREET ADDRESS	P.O. BOX 1234 N/A	53 STREET ADDRESS	160 Key Meigs Drive
CITY - ST - ZIP	DADE CITY FL 33526	54 CITY - ST - ZIP	Tavernier FL 33070
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUSHKIN, EMANUEL O.D.	62 NAME	Anthony Ottaviani D.O.
STREET ADDRESS	570 REINANTE AVE	63 STREET ADDRESS	13644 Walsingham Rd
CITY - ST - ZIP	CORAL GABLES FL 33156	64 CITY - ST - ZIP	LONGO FL 33034 34644

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibit Page #

CR2E037 (12/95)

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Mailing Address: 1750 NE 167 ST STE. 1500 N. MIAMI BCH FL 33162 US

3 Date Incorporated or Qualified: 12/20/1993
4 Date of Last Report: 09/25/1995

21	26	4	Applied For
22	27	5	Not Applicable
23	28	6	\$8.75 Additional Fee Required
24	29	7	\$5.00 May Be Added to Fees
25	30	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9 Name and Address of Current Registered Agent		10 Name and Address of New Registered Agent	
JONAS, DANIEL E 1750 NE 167TH ST. SUITE 1530 NORTH MIAMI BEACH FL 33162		81 Name 82 (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE	11 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMIL, TODARO D.O.	12 NAME	B. B. Swartz D.O.
STREET ADDRESS	2195 NE 120 ST	13 STREET ADDRESS	18110 NE 19 Ave
CITY - ST - ZIP	N. MIAMI BCH FL 33181	14 CITY - ST - ZIP	N. Miami Beach FL 33161
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, MORTON J	22 NAME	David Rush
STREET ADDRESS	2500 HOLLYWOOD BLVD. STE. 212	23 STREET ADDRESS	700 NW 12 Ave
CITY - ST - ZIP	HOLLYWOOD FL 33020	24 CITY - ST - ZIP	Deerfield Beach FL 33442
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKUS, DANIEL D.O.	32 NAME	
STREET ADDRESS	20370 NE 22ND PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BCH FL 33180	34 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZER, DECKER J. D.O.	42 NAME	
STREET ADDRESS	4237 SALISBURY RD., SUITE 102	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32216	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELINO, OLIVA D	52 NAME	
STREET ADDRESS	P.O. BOX 1234 N/A	53 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL 33526	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUSHKIN, EMANUEL O.D.	62 NAME	
STREET ADDRESS	570 REINANTE AVE	63 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33156	64 CITY - ST - ZIP	

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