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 PROFESSI ONS DIVISION FOUNDATION, INC.

Principal Place of Business	Mailing Address
1750 NE 167 ST STE. 1500 N. MIAMI BCH FL 33162 US	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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

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

10. Name and Address of New Registered Agent

B1 Name: Arnold Melnick D.O.
B2 Street Address (P.O. Box Number is Not Acceptable): 1750 NE 167 Street
B3: Suite 1500
B4 City: North Miami Beach FL
B5 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 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: Arnold Melnick — Arnold Melnick — 2/2/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	Director ☒ Change ☐ Addition
NAME	EMIL, TODARO D.O.	1.2 NAME	
STREET ADDRESS	2195 NE 120 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33181	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	Chairman ☐ Change ☒ Addition
NAME	MORRIS, MORTON J	2.2 NAME	Royal Flagg Jonas Esq
STREET ADDRESS	2500 HOLLYWOOD BLVD. STE. 212	2.3 STREET ADDRESS	300 71 Street #415
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Miami Beach FL 33141
TITLE	D ☐ DELETE	3.1 TITLE	Executive Director ☐ Change ☒ Addition
NAME	BARKUS, DANIEL D.O.	3.2 NAME	Morton Terry D.O.
STREET ADDRESS	20370 NE 22ND PLACE	3.3 STREET ADDRESS	1750 NE 167 Street
CITY-ST-ZIP	N. MIAMI BCH FL 33180	3.4 CITY-ST-ZIP	N Miami Beach FL 33162
TITLE	D ☒ DELETE	4.1 TITLE	Assistant Executive Director ☐ Change ☒ Addition
NAME	FRAZER, DECKER J. D.O.	4.2 NAME	Arnold Melnick D.O.
STREET ADDRESS	4237 SALISBURY RD., SUITE 102	4.3 STREET ADDRESS	1750 NE 167 St
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	N Miami Beach FL 33162
TITLE	D ☐ DELETE	5.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	MARCELINO, OLIVA D	5.2 NAME	Morton Smith
STREET ADDRESS	P.O. BOX 1234 N/A	5.3 STREET ADDRESS	1750 NE 167 Street
CITY-ST-ZIP	DADE CITY FL 33526	5.4 CITY-ST-ZIP	N Miami Beach FL 33162
TITLE	D ☐ DELETE	6.1 TITLE	Jay Tischenkel Director ☐ Change ☒ Addition
NAME	PUSHKIN, EMANUEL O.D.	6.2 NAME	
STREET ADDRESS	570 REINANTE AVE	6.3 STREET ADDRESS	1750 NE 167 St
CITY-ST-ZIP	CORAL GABLES FL 33156	6.4 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NONPROFIT CORPORATION ANNUAL REPORT

1996

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21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 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**

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

10. **Name and Address of New Registered Agent**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	C ☐DELETE	1.1 TITLE	Director ☐Change ☒Addition
NAME	EMIL, TODARO D.O.	1.2 NAME	Sylvia Urlich
STREET ADDRESS	2195 NE 120 ST	1.3 STREET ADDRESS	2500 SW 75 Ave
CITY-ST-ZIP	N. MIAMI BCH FL 33181	1.4 CITY-ST-ZIP	Miami FL 33155
TITLE	S ☐DELETE	2.1 TITLE	Director ☐Change ☒Addition
NAME	MORRIS, MORTON J	2.2 NAME	Philip Shettle D.O.
STREET ADDRESS	2500 HOLLYWOOD BLVD. STE. 212	2.3 STREET ADDRESS	1670 Fox Road
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Clearwater FL 34624
TITLE	D ☐DELETE	3.1 TITLE	Director ☐Change ☒Addition
NAME	BARKUS, DANIEL D.O.	3.2 NAME	Mervin Meck D.O.
STREET ADDRESS	20370 NE 22ND PLACE	3.3 STREET ADDRESS	656 Park Blvd
CITY-ST-ZIP	N. MIAMI BCH FL 33180	3.4 CITY-ST-ZIP	Marion Va 24351
TITLE	D ☒DELETE	4.1 TITLE	Director ☐Change ☒Addition
NAME	FRAZER, DECKER J. D.O.	4.2 NAME	Daniel Finkelstein
STREET ADDRESS	4237 SALISBURY RD., SUITE 102	4.3 STREET ADDRESS	444 NE 101 St
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	Miami Shores FL 33138
TITLE	D ☐DELETE	5.1 TITLE	Sandra L. Schwemmer D.O. ☐Change ☒Addition
NAME	MARCELINO, OLIVA D	5.2 NAME	Director
STREET ADDRESS	P.O. BOX 1234 N/A	5.3 STREET ADDRESS	160 Key Heights Drive
CITY-ST-ZIP	DADE CITY FL 33526	5.4 CITY-ST-ZIP	Tavernier FL 33070
TITLE	D ☐DELETE	6.1 TITLE	Director ☐Change ☒Addition
NAME	PUSHKIN, EMANUEL O.D.	6.2 NAME	Anthony Ottaviani D.O.
STREET ADDRESS	570 REINANTE AVE	6.3 STREET ADDRESS	13644 Walsingham Rd
CITY-ST-ZIP	CORAL GABLES FL 33156	6.4 CITY-ST-ZIP	Largo FL ~~33~~ 34624

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 — Daytime Phone #

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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 / 25 Country	29 Zip / 30 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE: C ☐ DELETE		1.1 TITLE	Director ☐ Change ☒ Addition
NAME	EMIL, TODARO D.O.	1.2 NAME	B.B. Swartz D.O.
STREET ADDRESS	2195 NE 120 ST	1.3 STREET ADDRESS	18110 NE 19 Ave
CITY-ST-ZIP	N. MIAMI BCH FL 33181	1.4 CITY-ST-ZIP	N Miami Beach FL 33181
TITLE: S ☐ DELETE		2.1 TITLE	Director ☐ Change ☒ Addition
NAME	MORRIS, MORTON J	2.2 NAME	David Rush
STREET ADDRESS	2500 HOLLYWOOD BLVD. STE. 212	2.3 STREET ADDRESS	700 NW 12 Ave
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE: D ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME	BARKUS, DANIEL D.O.	3.2 NAME	
STREET ADDRESS	20370 NE 22ND PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	3.4 CITY-ST-ZIP	
TITLE: D ☒ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME	FRAZER, DECKER J. D.O.	4.2 NAME	
STREET ADDRESS	4237 SALISBURY RD., SUITE 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	
TITLE: D ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME	MARCELINO, OLIVA D	5.2 NAME	
STREET ADDRESS	P.O. BOX 1234 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33526	5.4 CITY-ST-ZIP	
TITLE: D ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME	PUSHKIN, EMANUEL O.D.	6.2 NAME	
STREET ADDRESS	570 REINANTE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	6.4 CITY-ST-ZIP	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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