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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

3200 S. UNIVERISTY DRIVE  
FT. LAUDERDALE FL 33328  
US

3200 S. UNIVERISTY DRIVE  
FT. LAUDERDALE FL 33328-2018  
US



3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELNICK, ARNOLD D O  
1750 NE 167TH STREET  
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME EMIL, TODARO D.O.  
STREET ADDRESS 2195 NE 120 ST  
CITY-ST-ZIP N. MIAMI BCH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE C  
NAME JONAS, ROYAL F ESQ  
STREET ADDRESS 300 71ST STREET, # 415  
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ED  
NAME TERRY, MORTON D O  
STREET ADDRESS 1750 NE 167TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AED  
NAME MELRICK, ARNOLD D O  
STREET ADDRESS 1750 NE 167TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME SMITH, MORTON  
STREET ADDRESS 1750 NE 167TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME TISCHENKEL, JAY  
STREET ADDRESS 1750 NE 167TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, DO

1-17-97 (954) 262-1511

CR2E037 (9/96)