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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 3200 S. UNIVERSITY DRIVE FT. LAUDERDALE FL 33328 US
Mailing Address: 3200 S. UNIVERSITY DRIVE FT. LAUDERDALE FL 33328 US

3. Date Incorporated or Qualified: 12/20/1993
4. FEI Number: 65-0456144
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
MELNICK, ARNOLD D O
1750 NE 167TH STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name: Fred Lippman
82 Street Address (P.O. Box Number is Not Acceptable): 3200 South University Drive
83
84 City: Fort Lauderdale FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Fred Lippman* DATE: 1/23/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: EMIL, TODARO D.O.	
STREET ADDRESS: 2195 NE 120 ST	
CITY-ST-ZIP: N. MIAMI BCH FL	
TITLE: C	<input type="checkbox"/> DELETE
NAME: JONAS, ROYAL F ESO	
STREET ADDRESS: 300 71ST STREET, # 415	
CITY-ST-ZIP: MIAMI BEACH FL	
TITLE: ED	<input type="checkbox"/> DELETE
NAME: TERRY, MORTON D O	
STREET ADDRESS: 1750 NE 167TH STREET	
CITY-ST-ZIP: NORTH MIAMI BEACH FL	
TITLE: AEO	<input checked="" type="checkbox"/> DELETE
NAME: MELRICK, ARNOLD D O	
STREET ADDRESS: 1750 NE 167TH STREET	
CITY-ST-ZIP: NORTH MIAMI BEACH FL	
TITLE: T	<input type="checkbox"/> DELETE
NAME: SMITH, MORTON	
STREET ADDRESS: 1750 NE 167TH STREET	
CITY-ST-ZIP: NORTH MIAMI BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: TISCHENKEL, JAY	
STREET ADDRESS: 1750 NE 167TH STREET	
CITY-ST-ZIP: NORTH MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3200 South University Drive
3.4 CITY-ST-ZIP	Fort Lauderdale FL 33324
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LIPPMAN, FRED
4.3 STREET ADDRESS	3200 South University Drive
4.4 CITY-ST-ZIP	Fort Lauderdale FL 33324
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	3200 South University Drive
5.4 CITY-ST-ZIP	Fort Lauderdale FL 33324
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3200 South University Drive
6.4 CITY-ST-ZIP	Fort Lauderdale FL 33324

14. I 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: *Morton Smith* 2/6/98 954/262-1501

CFR2E037 (10/97)