SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90027 019 ****61.25

DOCUMENT # **N93000005730** ✓

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **12/20/1993**
1	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number **65-0456144** — Applied For / Not Applicable
2	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
3	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
4 / 25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIPPMAN, FRED 3200 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33328	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	C	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	JONAS, ROYAL F ESQ	1.2 NAME	
STREET ADDRESS	300 71ST STREET, # 415	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	TERRY, MORTON D O	2.2 NAME	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	2.4 CITY-ST-ZIP	
TITLE	AED	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	LIPPMAN, FRED	3.2 NAME	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	SMITH, MORTON	4.2 NAME	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	TISCHENKEL, JAY	5.2 NAME	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☒ Addition
NAME		6.2 NAME	*Barkus, Daniel*
STREET ADDRESS		6.3 STREET ADDRESS	*3200 South University Drive*
CITY-ST-ZIP		6.4 CITY-ST-ZIP	*Port Lauderdale FL 33328*

CR2E037 (5/99)

4. 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 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, with all other like empowered.

SIGNATURE: _____ AED   7/1/99   954-262-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #