

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005730

1. Entity Name

THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSI

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90016 031 ****61.25

Principal Place of Business 3200 S. UNIVERISTY DRIVE FT. LAUDERDALE FL 33328 US	Mailing Address 3200 S. UNIVERISTY DRIVE FT. LAUDERDALE FL 33328-2018 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0456144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LIPPMAN, FRED 3200 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33328				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONAS, ROYAL F ESO			NAME			
STREET ADDRESS	300 71ST STREET, # 415			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			CITY-ST-ZIP			
TITLE	ED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRY, MORTON D O			NAME			
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33328			CITY-ST-ZIP			
TITLE	AED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPPMAN, FRED			NAME			
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33328			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TISCHENKEL, JAY			NAME			
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33328			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKUS, DANIEL			NAME			
STREET ADDRESS	3200 S UNIVERSITY DR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33328			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred Lippman **REQUIRED** 1/16/00 954 262 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)