

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90043 025 \*\*\*\*61.25

DOCUMENT # N93000005730

1. Entity Name

THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSI

Principal Place of Business

Mailing Address

3200 S. UNIVERISTY DRIVE  
 FT. LAUDERDALE FL 33328  
 US

3200 S. UNIVERISTY DRIVE  
 FT. LAUDERDALE FL 33328  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0456144

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	JONAS, ROYAL F ESQ	
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	3200 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	AED	<input type="checkbox"/> Delete
NAME	LIPPMAN, FRED	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	TISCHENKEL, JAY	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARKUS, DANIEL	
STREET ADDRESS	3200 S UNIVERSITY DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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 titles empowered.

SIGNATURE: *Frederick Lippman* Frederick Lippman, Executive Vice Chancellor and Provost 2/13/01 954-262-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)