


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90126 016 \*\*\*\*61.25

<b>DOCUMENT # N93000005730</b>					
<b>1. Entity Name</b> THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION FOUNDATION, INC.					
<b>Principal Place of Business</b> 3200 S. UNIVERSITY DRIVE FT. LAUDERDALE, FL 33328 US			<b>Mailing Address</b> 3200 S. UNIVERSITY DRIVE FT. LAUDERDALE, FL 33328 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0456144	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LIPPMAN, FRED 3200 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C	<b>NAME</b> JONAS, ROYAL F ESQ		<input type="checkbox"/> Delete	<b>TITLE</b> 20185 E Country club Dr, # 2304 Aventura, FL 33180 - 3053	
<b>STREET ADDRESS</b> 300 71ST STREET, # 415	<b>STREET ADDRESS</b> MIAMI BEACH, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> 					
<b>TITLE</b> AED	<b>NAME</b> NEER, HOWARD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3200 SOUTH UNIVERSITY DRIVE	<b>STREET ADDRESS</b> FORT LAUDERDALE, FL 33328		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> 					
<b>TITLE</b> ED	<b>NAME</b> LIPPMAN, FRED		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3200 SOUTH UNIVERSITY DRIVE	<b>STREET ADDRESS</b> FORT LAUDERDALE, FL 33328		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> 					
<b>TITLE</b> D	<b>NAME</b> TISCHENKEL, JAY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3200 SOUTH UNIVERSITY DRIVE	<b>STREET ADDRESS</b> FORT LAUDERDALE, FL 33328		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> 					
<b>TITLE</b> T	<b>NAME</b> BARKUS, DANIEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3200 S UNIVERSITY DR	<b>STREET ADDRESS</b> FORT LAUDERDALE, FL 33328		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY - ST - ZIP</b> 					
<b>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.</b>					
<b>SIGNATURE:</b> _____			3/15/05 954-261-1519		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Director			Date Daytime Phone #		

30029762



03102005 Chg-NP CR2E037 (10/03)