


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005730

1. Entity Name
THE NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION FOUNDATION, INC.



Principal Place of Business Mailing Address

3200 S. UNIVERISTY DRIVE **3200 S. UNIVERISTY DRIVE**
FT. LAUDERDALE, FL 33328 US **FT. LAUDERDALE, FL 33328 US**



03152006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
65-0456144 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

LIPPMAN, FRED
3200 SOUTH UNIVERSITY DRIVE
FORT LAUDERDALE, FL 33328

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9. 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.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


UN0000475369
 04/05/06-80012-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JONAS, ROYAL F ESQ
STREET ADDRESS	20185 E. COUNTRY CLUB DR #2304
CITY-ST-ZIP	AVENTURA, FL 331803053
TITLE	AED
NAME	NEER, HOWARD
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	ED
NAME	LIPPMAN, FRED
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	D
NAME	TISCHENKEL, JAY
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	T
NAME	BARKUS, DANIEL
STREET ADDRESS	3200 S UNIVERSITY DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **5/16/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #