

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005730

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



Principal Place of Business
3200 S. UNIVERISTY DRIVE
FT. LAUDERDALE, FL 33328 US

Mailing Address
3200 S. UNIVERISTY DRIVE
FT. LAUDERDALE, FL 33328 US



03162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0456144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

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

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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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frederick Lippman

3/16/07
Date

754-262-1501
Daytime Phone #