


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
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DO NOT WRITE IN THIS SPACE



03162007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (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	JONAS, ROYAL F ESQ 20185 E. COUNTRY CLUB DR #2304 AVENTURA, FL 331803053
TITLE AED	NEER, HOWARD 3200 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328
TITLE ED	LIPPMAN, FRED 3200 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328
TITLE D	TISCHENKEL, JAY 3200 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328
TITLE T	BARKUS, DANIEL 3200 S UNIVERSITY DR FORT LAUDERDALE, FL 33328
TITLE 	

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 03/29/07-80081-013 61.25

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 **754-262-1501**
 Date Daytime Phone #