

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
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



02152008 No Chg-NP CR2E037 (4/06)

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4. FEI Number Applied For
 65-0456144 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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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, 2008

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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 03/31/08-80009-023 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: *Frederick Lippman* FREDERICK LIPPMAN 3/8/08 854-262-7501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #