

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005730

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0456144 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JONAS, ROYAL F ESQ
Address: 20185 E. COUNTRY CLUB DR #2304
City-St-Zip: AVENTURA, FL 331803053

Title: AED () Delete
Name: NEER, HOWARD
Address: 3200 SOUTH UNIVERSITY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: ED () Delete
Name: LIPPMAN, FRED
Address: 3200 SOUTH UNIVERSITY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D () Delete
Name: TISCHENKEL, JAY
Address: 3200 SOUTH UNIVERSITY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: T () Delete
Name: BARKUS, DANIEL
Address: 3200 S UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYAL JONAS, ESQ.

C

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date