

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 02, 2009  
Secretary of State

DOCUMENT# N93000005730

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