


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90177 034 ****61.25

DOCUMENT # N93000005730

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



Principal Place of Business
**3200 S. UNIVERSITY DRIVE
FT. LAUDERDALE FL 33328
US**

Mailing Address
**3200 S. UNIVERSITY DRIVE
FT. LAUDERDALE FL 33328
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LIPPMAN, FRED
3200 SOUTH UNIVERSITY DRIVE
FORT LAUDERDALE FL 33328**

4. FEI Number **65-0456144**
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	JONAS, ROYAL F ESQ	
STREET ADDRESS	300 71ST STREET, # 415	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	TERRY, MORTON D O	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	AED	<input type="checkbox"/> Delete
NAME	LIPPMAN, FRED	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	TISCHENKEL, JAY	
STREET ADDRESS	3200 SOUTH UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARKUS, DANIEL	
STREET ADDRESS	3200 S UNIVERSITY DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 1/31/03 954-262-1501

CR2E037 (10/02)