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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002197

1. Corporation Name

THE SIMON ROZEN FOUNDATION FOR THE HIGHER EDUCATION OF ONCOLOGY NURSES, INC.

Principal Place of Business

**ADAMS BUILDING SUITE 201
4701 N MERIDIAN AVE
MIAMI BEACH FL 33140**

Mailing Address

**ADAMS BUILDING SUITE 201
4701 N MERIDIAN AVE
MIAMI BEACH FL 33140**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

65-0890663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ROZEN, SIMON
ADAMS BUILDING SUITE 201
4701 N MERIDIAN AVE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALEMAN, DIANNE**
STREET ADDRESS **9910 SW 142 STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ DELETE
NAME **BECKER, THEODORE**
STREET ADDRESS **177 OCEAN LANE DRIVE #514**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D** ☐ DELETE
NAME **GROSSMAN, MARTIN**
STREET ADDRESS **4701 N MERIDIAN AVE SUITE E100**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ DELETE
NAME **MILONE, DOMINICK D**
STREET ADDRESS **260 MONTAUK HWY.**
CITY-ST-ZIP **BAY SHORE NY 11706**

TITLE **D** ☐ DELETE
NAME **PIPPIN, DANIELLE**
STREET ADDRESS **5217 SW 90TH TERR**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ DELETE
NAME **ROZEN, SIMON**
STREET ADDRESS **4701 N MERIDIAN AVE STE 201**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/99 305-535-3636

CR2E037 (1/98)