

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000004981

1. Corporation Name

HEART OF BROWARD FOUNDATION CORP.

Principal Place of Business

303 SOUTHEAST 17TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

303 SOUTHEAST 17TH STREET
FORT LAUDERDALE FL 33316
c/o Patricia L. Mahaney

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 014 ****61.25



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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

65-0930867

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

SCHERER, WILLIAM R
633 S FEDERAL HWY, 8TH FLOOR
FORT LAUDERDALE FL 33001

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
33302

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 President ☐ DELETE

NAME Michael A. Chizner, M.D.

STREET ADDRESS 303 S.E. 17th Street

CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ DELETE

TITLE Vice President ☐ DELETE

NAME Carl E. Gill, M.D.

STREET ADDRESS 303 S.E. 17th Street

CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ DELETE

TITLE Secy/Treasurer

NAME Patricia L. Mahaney

STREET ADDRESS 303 S.E. 17th St.

CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ DELETE

TITLE Director

NAME Wil Trower

STREET ADDRESS 303 S.E. 17th Street, Ftld., FL 33316

CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ DELETE

TITLE Director

NAME Annie Weaver

STREET ADDRESS 303 S.E. 17th Street, Ftld., FL 33316

CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ DELETE

TITLE Director - Dave Thomas

NAME 303 S.E. 17th Street

STREET ADDRESS Fort Lauderdale, FL 33316

CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ DELETE

*SEE ADDITIONAL OFFICERS ON ATTACHED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)



**North Broward
Hospital District**

303 S.E. 17th St., Ft. Lauderdale, FL 33316 • (954) 355-4400

N9800004981
604198-90004-14

August 4, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32301-1500

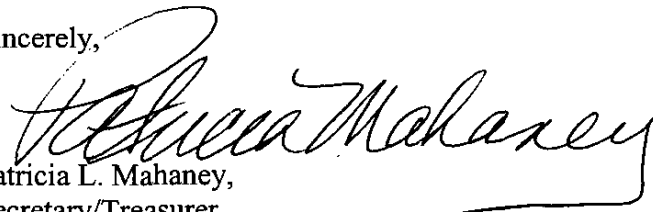
**RE: HEART OF BROWARD FOUNDATION CORP. #65-0930867
OFFICERS LISTING**

Below is listed the remainder of the officers for subject corporation. This is in addition to the Nonprofit Corporation Annual Report 1999 Document #N98000004981 listing in Section 12.

BOARD DIRECTOR	<i>Berrard, Steven</i> Board Director 303 S.E. 17 th Street Fort Lauderdale, FL 33316
BOARD DIRECTOR	<i>Henry, John W.</i> Board Director 303 S.E. 17 th Street Fort Lauderdale, FL 33316
LEGAL COUNSEL	<i>Taylor, Daniel E., Esq.</i> Legal Counsel 303 S.E. 17 th Street Fort Lauderdale, FL 33316

If you have any questions, do not hesitate contacting this office at (954) 355-5675.

Sincerely,


Patricia L. Mahaney,
Secretary/Treasurer
Heart of Broward Foundation Corporation

*The North Broward Hospital District is affiliated with the University of Florida and Nova Southeastern Colleges of Medicine
and is an equal opportunity employer and affirmative action procurer of goods and services*

✻ Broward General Medical Center ✻ North Broward Medical Center ✻ Imperial Point Medical Center ✻ Coral Springs Medical Center