

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766852

Entity Name: THE HEALTH COUNCIL OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**8095 N.W. 12TH ST.
SUITE 300
MIAMI, FL 33126**Current Mailing Address:**8095 N.W. 12TH ST.
SUITE 300
MIAMI, FL 33126**FEI Number:** 59-2268478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOSA, MARISEL
8095 NW 12 STREET
#300
MIAMI, FL 33126 US*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

Officer/Director Detail :

Title CHAIR
Name COLLAZO, ALBERT
Address 8095 NW 12 STREET, SUITE 300
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name ROLDAN, ENEIDA
Address 8095 NW 12 STREET, SUITE 300
City-State-Zip: MIAMI FL 33126

Title P
Name LOSA, MARISEL
Address 8095 NW 12 STREET, SUITE 300
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name ALARCON CABRERA, ELA
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name NESBITT, ARIANA
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126

Title VC
Name FREEBURG, RICK
Address 8095 NW 12 STREET SUITE 300
City-State-Zip: MIAMI, FLORIDA FL 33126

Title DIRECTOR
Name ARNOLD, ROBERT ESQ.
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CARRASQUILLO, OLVEEN MD
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126

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I hereby 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 all other like empowered.

SIGNATURE: MARISEL LOSA`**PRESIDENT****01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name DENKER, ANN LYNN
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126

Title CHAIRMAN
Name LAZO, NELSON
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name SALTZMANN, DAVID LCSW
Address 8095 N.W. 12TH ST.
SUITE 300
City-State-Zip: MIAMI FL 33126