2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 01, 2016
Secretary of State
CC8944018005

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: Yes

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	CHAIRMAN	Title	VC
Name	ROLDAN, ENEIDA	Name	FREEBURG, RICK
Address	8095 NW 12 STREET, SUITE 300	Address	8095 NW 12 STREET SUITE 300
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI, FLORIDA FL 33126
Title	TREASURER	Title	SECRETARY
Name	ALARCON CABRERA, ELA	Name	DENKER, ANN LYNN
Address	8095 N.W. 12TH ST. SUITE 300	Address	8095 N.W. 12TH ST. SUITE 300
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	PRESIDENT	Title	DIRECTOR
Name	LOSA, MARISEL	Name	COLLAZO, ALBERT
Address	8095 N.W. 12TH ST. SUITE 300	Address	8095 N.W. 12TH ST. SUITE 300
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	DIRECTOR	Title	DIRECTOR
Name	ARNOLD, ROBERT C ESQ.	Name	NESBITT, ARIANA
Address	8095 N.W. 12TH ST. SUITE 300	Address	8095 N.W. 12TH ST. SUITE 300
City-State-Zip:	MIAMI FL 33126	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 07/01/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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

Title	DIRECTOR
Name	BAUER-JONES, KATE MED
Address	8095 N.W. 12TH ST. SUITE 300
City-State-Zip:	MIAMI FL 33126

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