

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009051

**Entity Name:** SOUTH FLORIDA HEALTH SCIENCES LIBRARY CONSORTIUM, INC.**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC9165745911****Current Principal Place of Business:**NSU HPD LIBRARY  
3200 S. UNIVERSITY DR.  
FORT LAUDERDALE, FL 33328**Current Mailing Address:**NSU HPD LIBRARY  
3200 S. UNIVERSITY DR.  
FORT LAUDERDALE, FL 33328 US**FEI Number: 14-1913817****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PUCCIO, TODD J  
NSU HPD LIBRARY  
3200 S. UNIVERSITY DR.  
FORT LAUDERDALE, FL 33328 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: TODD J PUCCIO****03/28/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	PUCCIO, TODD
Address	3200 S UNIVERSITY DR NOVA SOUTHEASTERN UNIVERSITY HPD LIBRARY
City-State-Zip:	FORT LAUDERDALE FL 33328

Title	TD
Name	DOLINSKY, LUDA
Address	11200 SW 8TH ST. - GL 323
City-State-Zip:	MIAMI FL 33199

Title	SECRETARY
Name	PEREZ, JORGE E
Address	FLORIDA INTERNATIONAL UNIVERSITY 11200 S.W. 8TH ST GL-326
City-State-Zip:	MIAMI FL 33199

  

Title	VP
Name	NEMETH, ZSUZSA
Address	LOUIS CALDER MEMORIAL LIBRARY 1601 NW 10TH AVE
City-State-Zip:	MIAMI FL 33101

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: TODD J PUCCIO****PRESIDENT****03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date