

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

DOCUMENT# N11000004660

**Entity Name:** THE NOAH HEALTH FOUNDATION, INC

**Current Principal Place of Business:**

401 E LAS OLAS BLVD  
130376  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E LAS OLAS BLVD  
130376  
FORT LAUDERDALE, FL 33301

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, CHERESE N  
401 E LAS OLAS BLVD  
130376  
FORT LAUDERDALE, FL 33301 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            PRES  
Name            JONES, CHERESE N  
Address        401 E LAS OLAS BLVD STE 130376  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            VP  
Name            DESAUGUSTE JR., SEBASTIEN N  
Address        401 E LAS OLAS BVD STE 130376  
City-State-Zip: FORT LAUDERDALE FL 33301

*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: CHERESE N JONES**

**MGRM**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date