Electronic Signature of Signing Officer/Director Detail

2019 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

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Officer/Director Detail

Officer/Director Detail :			
Title	PRES	Title	VP
Name	JONES, CHERESE N	Name	DESAUGUSTE JR., SEBASTIEN N
Address	401 E LAS OLAS BLVD STE 130376	Address	401 E LAS OLAS BVD STE 130376
City-State-Zip:	FORT LAUDERDALE FL 33301	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.

PRESIDENT

SIGNATURE: CHERESE JONES

Date

Apr 30, 2019 Secretary of State 3107388811CC

FILED

Certificate of Status Desired: No

04/30/2019 Date