

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47443

**Entity Name:** SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.

**Current Principal Place of Business:**

1855 GRIFFIN ROAD  
SUITE A-415  
DANIA BEACH, FL 33004

**Current Mailing Address:**

1855 GRIFFIN ROAD  
SUITE A-415  
DANIA BEACH, FL 33004 US

**FEI Number:** 65-0316561

**Certificate of Status Desired:** Yes

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

SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSO  
1855 GRIFFIN ROAD  
SUITE A-415  
DANIA BEACH, FL 33004 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 P  
Name SINGER, SCOTT  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title PP  
Name PODOLNICK, STUART  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title VP  
Name PEREZ DEPPMAN, BARBARA  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title T  
Name CIHAK, SCOTT  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

*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:** SCOTT CIHAK

**TREASURER**

**02/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date