

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002212

FILED
Apr 15, 2009
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF MULTI SENSORY ENVIRONMENTS, INC.

Current Principal Place of Business:

JACKSON HOSPITAL
DIVISION OF TRAUMA & SURGICAL CRITICAL CAR
MIAMI, FL 33101

New Principal Place of Business:

LPLC-1094 NW 14TH TERRACE
1-40
MIAMI, FL 33136

Current Mailing Address:

GILLIAN HOTZ - LOIS POPE LIFE CENTER, 1-41
1095 N.W. 14TH TERRACE
MIAMI, FL 33136

New Mailing Address:

LPLC-1094 NW 14TH TERRACE
1-40
MIAMI, FL 33136

FEI Number: 56-2600893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RADER, RICK
Address: 615 DERBY STREET
City-St-Zip: CHATTANOOGA, TN 37404

Title: D () Delete
Name: HOLTZ, GILLIAN
Address: P. O. BOX 016960
City-St-Zip: MIAMI, FL 33101

Title: D () Delete
Name: STAAL, JASON
Address: 1ST AVE. AT 16TH STREET
City-St-Zip: NEW YORK, NY 10003

Title: D () Delete
Name: MESSBAUER, LINDA
Address: 75-11 198TH STREET
City-St-Zip: FRESH MEADOW, NY 11366

Title: D () Delete
Name: LARA, ISABEL
Address: 2966 S.W. 145 AVE.
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOTZ, GILLIAN
Address: LPLC-1095 NW 14TH TERRACE
City-St-Zip: MIAMI, FL 33136

Title: D (X) Change () Addition
Name: STRAUSS, JENNIFER
Address: 5838 SW 74TH TERRACE, #118
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VARTANIAN, BARBARA
Address: 125 SOUTH CHENANGO ST., EXT
City-St-Zip: GREENE, NY 13778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GILLIAN HOTZ, PHD

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date