FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State
05-12-1999 90010 014 ****70.00

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DOCUMENT # N32190

1. Corporation Name

FOSTER CARE REVIEW, INC.

Principal Place of Business	Mailing Address
3050 BISCAYNE BLVD SUITE#900 MIAMI FL 33137 US	3050 BISCAYNE BLVD SUITE #900 MIAMI FL 33137 US

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/09/1989

4. FEI Number: 65-0118944 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ATKINS, LAURA L
3050 BISCYANE BLVD, STE 900
MIAMI FL 33137

10. Name and Address of New Registered Agent

(81) Name

(82) Street Address (P.O. Box Number is Not Acceptable)

(83)

(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEERAN, ANNE F.		1.2 NAME		
STREET ADDRESS	19150 S ST ANDREWS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARRACCINI, LINDA A		2.2 NAME		
STREET ADDRESS	6280 SUNSET DR, STE 407		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALSEY, DOUGLAS		3.2 NAME		
STREET ADDRESS	200 S BISCAYNE BLVD 4980		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LOWE, ROGER		4.2 NAME		
STREET ADDRESS	3737 NW 87TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	ROSTOV, BARBARA	
STREET ADDRESS			5.3 STREET ADDRESS	12051 SW 69th PLACE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI FL 33156	
TITLE		☐ DELETE	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME			6.2 NAME	SPENCE, MICHAEL A.	
STREET ADDRESS			6.3 STREET ADDRESS	2601 S BAYSHORE DRIVE, STE 1450	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI FL 33133	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas M. Halsey Douglas M. Halsey 4/26/99 (305)375-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

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Attachment to Block 13: Additions

7.1 TITLE	D
7.2 NAME	CANDIA, RICHARD F.
7.3 STREET ADDRESS	11200 SW 8TH STREET
7.4 CITY.ST.ZIP	MIAMI FL 33199
8.1 TITLE	D
8.2 NAME	DALY, JOHN
8.3 STREET ADDRESS	550 BRICKELL AVE, STE 503
8.4 CITY.ST.ZIP	MIAMI FL 33131
9.1 TITLE	D
9.2 NAME	HEMINGWAY-ADAMS, RUBY
9.3 STREET ADDRESS	111 NW FIRST STREET, 9TH FLOOR
9.4 CITY.ST.ZIP	MIAMI FL 33128
10.1 TITLE	D
10.2 NAME	HURST, JR., CLAUDE H.
10.3 STREET ADDRESS	13111 SW 19th DRIVE
10.4 CITY.ST.ZIP	MIRAMAR FL 33027
11.1 TITLE	D
11.2 NAME	KREEGER, JUDITH L.
11.3 STREET ADDRESS	73 W FLAGLER STREET, ROOM 1417
11.4 CITY.ST.ZIP	MIAMI FL 33130
12.1 TITLE	D
12.2 NAME	LAWRENCE, LONNIE R.
12.3 STREET ADDRESS	831 NW 207 STREET
12.4 CITY.ST.ZIP	MIAMI FL 33169
13.1 TITLE	D
13.2 NAME	MANDEL, DAVID S.
13.3 STREET ADDRESS	169 E FLAGLER STREET, STE 1200
13.4 CITY.ST.ZIP	MIAMI FL 33131
14.1 TITLE	D
14.2 NAME	MARGOLIS, JANET
14.3 STREET ADDRESS	20 TAHITI BEACH ISLAND ROAD
14.4 CITY.ST.ZIP	MIAMI FL 33143

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Attachment to Block 13: Additions (Page 2)

15.1 TITLE	D
15.2 NAME	NORTON, JOHN
15.3 STREET ADDRESS	6801 MIAMI GARDENS DRIVE
15.4 CITY.ST.ZIP	MIAMI FL 33015
16.1 TITLE	D
16.2 NAME	SAMWAY, MICHAEL A.
16.3 STREET ADDRESS	200 S BISCAYNE BLVD, STE 4900
16.4 CITY.ST.ZIP	MIAMI FL 33131
17.1 TITLE	D
17.2 NAME	ZAWISZA, CHRISTINA A.
17.3 STREET ADDRESS	3305 COLLEGE AVENUE
17.4 CITY.ST.ZIP	FT. LAUDERDALE FL 33314-7721