2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N32190

Entity Name: FOSTER CARE REVIEW, INC.

Current Principal Place of Business:

3050 BISCAYNE BLVD SUITE#900
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3050 BISCAYNE BLVD SUITE #900
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0118944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POZO, ANA MARIA
3050 BISCYANE BLVD, STE 900
MIAMI, FL 33137 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:	SD	( ) Delete
Name:	SHEERAN, ANNE F.,	
Address:	19150 S ST ANDREWS DRIVE	
City-St-Zip:	MIAMI, FL 33015	
Title:	D	( ) Delete
Name:	HALSEY, DOUGLAS	
Address:	200 S BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 331312352	
Title:	D	( ) Delete
Name:	MANDEL, DAVID	
Address:	169 E. FLAGLER ST. STE. 1200	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	ROSTOV, BARBARA	
Address:	13647 DEERING BAY DRIVE	
City-St-Zip:	CORAL GABLES, FL 33158	
Title:	PD	( ) Delete
Name:	DUCKENFIELD, DAVID A	
Address:	95 MERRICK WAY, SUITE 200	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	STD	(X) Change ( ) Addition
Name:	HUTCHINS, CHRISTOPHER M	
Address:	2601 S BAYSHORE DRIVE, STE 1450	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	(X) Change ( ) Addition
Name:	HALSEY, DOUGLAS	
Address:	200 S BISCAYNE BLVD, STE 4900	
City-St-Zip:	MIAMI, FL 331312352	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ROSTOV, BARBARA	
Address:	13647 DEERING BAY DRIVE, #162	
City-St-Zip:	CORAL GABLES, FL 33158	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	( ) Change (X) Addition
Name:	SAMWAY, MICHAEL A	
Address:	95 MERRICK WAY, SUITE 200	
City-St-Zip:	CORAL GABLES, FL 33134	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID A DUCKENFIELD PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date