2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N32190

Entity Name: FOSTER CARE REVIEW, INC.

Current Principal Place of Business:

155 SOUTH MIAMI AVE. SUITE 601
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

155 SOUTH MIAMI AVE. SUITE 601
MIAMI, FL 33130 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
155 SOUTH MIAMI SUITE 601
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

POZO, ANA MARIA JD
155 SOUTH MIAMI SUITE 601
MIAMI, FL 33130 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: ANA MARIA POZO 09/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUTCHINS, CHRISTOPHER M
Address: 9655 S DIXIE HWY, 3RD FLOOR
City-St-Zip: MIAMI, FL 33156

Title: PD ( ) Delete
Name: HALSEY, DOUGLAS
Address: 200 S BISCAYNE BLVD SUITE 4900
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: MANDEL, DAVID
Address: 169 E. FLAGLER ST. STE. 1200
City-St-Zip: MIAMI, FL 33131

Title: PRES ( ) Delete
Name: EZELL, KATHERINE W
Address: 25 W FLAGLER ST, STE 800
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete
Name: DUCKENFIELD, DAVID A
Address: 95 MERRICK WAY, SUITE 200
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Delete
Name: SAMWAY, MICHAEL A
Address: 95 MERRICK WAY, SUITE 200
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHA (X) Change ( ) Addition
Name: EZELL, KATHERINE
Address: 25 W. FLAGLER ST., STE. 800
City-St-Zip: MIAMI, FL 33130

Title: VCHA (X) Change ( ) Addition
Name: PREGO, MAYDA
Address: 2333 PONCE DE LEON BLVD., 4TH FL
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES (X) Change ( ) Addition
Name: LIBERTY, JASON
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132

Title: SECR (X) Change ( ) Addition
Name: RUSSO, STEPHANIE
Address: 2 S. BISCAYNE BLVD., 21ST FL.
City-St-Zip: MIAMI, FL 33131

Title: PCHA (X) Change ( ) Addition
Name: HUTCHINS, CHRIS
Address: 2525 PONCE DE LEON BLVD., 5TH FL
City-St-Zip: CORAL GABLES, FL 33134

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

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: KATHERINE EZELL CHA 09/02/2009
Electronic Signature of Signing Officer or Director Date