2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# N32190

Entity Name: FOSTER CARE REVIEW, INC.

Current Principal Place of Business:

4500 BISCAYNE BOULEVARD
SUITE 100
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4500 BISCAYNE BOULEVARD
SUITE 100
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 JD
4500 BISCAYNE BOULEVARD
SUITE 100
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: CHA
Name: MISIUNAS, BRIAN
Address: 3225 AVIATION AVENUE, SUITE 500
City-St-Zip: MIAMI, FL 33133

Title: VCHA
Name: BELL, JEAN
Address: 701 BRICKELL AVENUE, 8TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: TRES
Name: HUTCHINS, CHRISTOPHER
Address: 2525 PONCE DE LEON BLVD, 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR
Name: RUSSELL, JACKYE
Address: 2555 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: PCHA
Name: EZELL, KATHERINE
Address: 25 W. FLAGLER STREET, SUITE 800
City-St-Zip: MIAMI, FL 33130

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: ANA POZO ED 02/08/2012
Electronic Signature of Signing Officer or Director Date