2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N95000004564

Entity Name: CRAWFORD CENTER, INC.

Current Principal Place of Business:

3521 W. BROWARD BLVD
3RD FLOOR
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3521 W. BROWARD BLVD
3RD FLOOR
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0610247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENENDEZ, MANUEL
3521 WEST BROWARD BLVD
STE 300
FORT LAUDERDALE, FL 33312 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:	P	( ) Delete
Name:	MENENDEZ, MANUEL	
Address:	8780 SW 122ND ST	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	MYRTETUS, PETER	
Address:	2828 CORAL WAY PATHS 2	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	TEASDALE, RON	
Address:	6620 SW 77 TERR	
City-St-Zip:	MIAMI, FL 33143	
Title:	DV	( ) Delete
Name:	SUAREZ, CARLOS MD	
Address:	724 ALHAMBRA CIR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	FALLA, ENRIQUE	
Address:	527 SABLE PALM DR.	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	DC	( ) Delete
Name:	BICHARRA, BLANCA	
Address:	2277 NW 82 AVENUE	
City-St-Zip:	MIAMI, FL 33122	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LACASA, EDUARDO R	
Address:	17984 FRANJO RD.	
City-St-Zip:	MIAMI, FL 33157	
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: EDUARDO LACASA D 04/29/2008

Electronic Signature of Signing Officer or Director — Date