

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

DOCUMENT# N96000001969

Entity Name: PRIDELINES YOUTH SERVICES, INC.

**Current Principal Place of Business:**

180 NE 19TH STREET  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 014340  
MIAMI, FL 331014340

**New Mailing Address:**

FEI Number: 65-0670159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVEN K. BAIRD, P.A.  
5981 NE 6TH AVENUE  
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: CCH ( ) Delete  
Name: STONE, ADAM  
Address: 400 ALTON RD #2310  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MD ( ) Delete  
Name: MARTHELL, VIVIAN C  
Address: 2401 SWANSON AVE NE  
City-St-Zip: MIAMI, FL 33133 US

Title: T ( ) Delete  
Name: BOONER, NATE  
Address: 8925 COLLINS AVE #9C  
City-St-Zip: SURFSIDE, FL 33154 US

Title: COCH ( ) Delete  
Name: DIAZ-HERMAN, VICTOR  
Address: 13150 SW 75 AVE  
City-St-Zip: MIAMI, FL 33156

Title: S (X) Delete  
Name: AVILA, FRANK  
Address: 8000 CECIL STREET  
City-St-Zip: MIAMI BEACH, FL 33141

Title: V (X) Delete  
Name: SLONE, ADAM  
Address: 400 ALTON ROAD #710  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COCH (X) Change ( ) Addition  
Name: SLONE, ADAM  
Address: 400 ALTON RD #2301  
City-St-Zip: MIAMI BEACH, FL 33139 US

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

Title: T (X) Change ( ) Addition  
Name: JOHN, RUARK  
Address: 400 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139 US

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

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

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: VIVIAN C. MARTHELL

MD

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date