

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38239

FILED
Apr 17, 2007
Secretary of State

Entity Name: SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RESEARCH AND EDUCATION, INC.

Current Principal Place of Business:

TRACY S. BROWN
2199 PONCE DE LEON BOULEVARD., SUITE 301
CORAL GABLES, FL 33134 US

New Principal Place of Business:

1201 NW 16TH ST
#2A103B
MIAMI, FL 33125 US

Current Mailing Address:

TRACY S. BROWN
2199 PONCE DE LEON BOULEVARD., SUITE 301
CORAL GABLES, FL 33134 US

New Mailing Address:

1201 NW 16TH ST
#2A103B
MIAMI, FL 33125 US

FEI Number: 65-0207903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACEY SKINNER BROWN
2199 PONCE DE LEON BLVD.
STE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RACKEAR, GARY S ATTY.
5975 SUNSET DRIVE
STE 706
SOUTH MIAMI, FL 33143 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: GARY S. RACKEAR, ESQ.

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEPHEN M. LUCAS,
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: ROBERT M. JACKSON, M., .D.
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: JOHN R. VARAS, M.D.,
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAGALIAN, PAUL D
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: D/C (X) Change () Addition
Name: JACKSON, ROBERT M M.D.
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: D (X) Change () Addition
Name: VARA, JOHN R M.D.
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: D () Change (X) Addition
Name: SHAPIRO, ROBERT D D.D.S.
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

Title: S () Change (X) Addition
Name: VALLS, ANA U
Address: 1201 NW 16TH ST
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. JACKSON, M.D.

D/C

04/17/2007

Electronic Signature of Signing Officer or Director

Date