2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N38239

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0207903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RACKEAR, GARY S ATTY.
5975 SUNSET DRIVE
STE 706
SOUTH MIAMI, FL 33143 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:	D	( ) Delete
Name:	BERROCAL, MARY D MBA	
Address:	1201 NW 16TH ST	
City-St-Zip:	MIAMI, FL 33125	
Title:	D/C	( ) Delete
Name:	JACKSON, ROBERT M M.D.	
Address:	1201 NW 16TH ST	
City-St-Zip:	MIAMI, FL 33125	
Title:	D	( ) Delete
Name:	VARA, JOHN R M.D.	
Address:	1201 NW 16TH ST	
City-St-Zip:	MIAMI, FL 33125	
Title:	D	( ) Delete
Name:	SHAPIRO, ROBERT D D.D.S.	
Address:	1201 NW 16TH ST	
City-St-Zip:	MIAMI, FL 33125	
Title:	S	(X) Delete
Name:	VALLS, ANA U	
Address:	1201 NW 16TH ST	
City-St-Zip:	MIAMI, FL 33125	
Title:	ASD	(X) Delete
Name:	GONZELEZ, LUIS MHA	
Address:	1201 NW 16TH ST.	
City-St-Zip:	MIAMI, FL 33125	

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:	AED	(X) Change ( ) Addition
Name:	GONZELEZ, LUIS MHA	
Address:	1201 NW 16TH STREET	
City-St-Zip:	MIAMI, FL 33125	
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: ROBERT M. JACKSON, MD D/C 04/02/2009

Electronic Signature of Signing Officer or Director — Date