

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736760

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** THE BANYANS OF SOUTH MIAMI, INC.

**Current Principal Place of Business:**

C/O LAKEVIEW MANAGEMENT, INC.  
13388 SW 128 STREET  
MIAMI, FL 33186 US

**New Principal Place of Business:**

C/O LAKEVIEW MANAGEMENT, INC.  
13501 SW 128TH STREET, #216  
MIAMI, FL 33186 US

**Current Mailing Address:**

C/O LAKEVIEW MANAGEMENT, INC.  
13388 SW 128 STREET  
MIAMI, FL 33186 US

**New Mailing Address:**

C/O LAKEVIEW MANAGEMENT, INC.  
13501 SW 128TH STREET, #216  
MIAMI, FL 33186 US

**FEI Number:** 59-1923336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUNETTA, SUE  
C/O LAKEVIEW MANAGEMENT, INC.  
13388 SW 128 STREET  
MIAMI, FL 33186 US

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

BUNETTA, SUE  
C/O LAKEVIEW MANAGEMENT, INC.  
13501 SW 128TH STREET, #216  
MIAMI, FL 33186 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:

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REILLEY, KATE  
Address: 6690 SW 66 AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VPD  
Name: BINKOV, MICHAEL  
Address: 6650 SW 70 TERRACE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: SD  
Name: JENKINS, ANITA  
Address: 7045 SW 67 AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: TD  
Name: VIRELLI, JASON  
Address: 7015 SW 67 AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D  
Name: LAWRENCE, NAN  
Address: 6711 SW 70 LANE  
City-St-Zip: SOUTH MIAMI, FL 33143

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: KATE REILLEY

PD

03/22/2011

Electronic Signature of Signing Officer or Director

Date