

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005487

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** CAT CAY MEDICAL CLINIC FOUNDATION, INC.

**Current Principal Place of Business:**

1050 LEE WAGENER BLVD 103  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

1050 LEE WAGENER BLVD 103  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 20-5221502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLLIO, JOSEPH L JR  
1050 LEE WAGENER BLVD 103  
FT LAUDERDALE, FL 33315 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/D  
**Name:** POLLIO, JOSEPH L JR  
**Address:** 100 CAPE FLORIDA DRIVE  
**City-St-Zip:** KEY BISCAIYNE, FL 33149

**Title:** D  
**Name:** POLLIO, ELIZABETH  
**Address:** 100 CAPE FLORIDA DRIVE  
**City-St-Zip:** KEY BISCAIYNE, FL 33149

**Title:** D  
**Name:** MACMILLAN, SANDRA  
**Address:** 1050 LEE WAGENER BLVD 103  
**City-St-Zip:** FT. LAUDERDALE, FL 33315

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:** JOSEPH L. POLLIO, JR.

D/P

01/17/2012

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

\_\_\_\_\_  
Date