

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006759

**FILED**  
**Feb 22, 2013**  
**Secretary of State**  
**CC5190187350**

**Entity Name:** IMMACULATA LA SALLE HIGH SCHOOL, INC.

**Current Principal Place of Business:**

3601 MIAMI AVENUE  
MIAMI, FL 33133

**Current Mailing Address:**

3601 MIAMI AVENUE  
MIAMI, FL 33133

**FEI Number:** 59-1152665

**Certificate of Status Desired:** No

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

FITZGERALD, J PATRICK  
110 MERRICK WAY, SUITE3-B  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KERAITIS, KIM SR  
Address 3601 S. MIAMI AVE  
City-State-Zip: MIAMI FL 33133

Title VP  
Name SHANE, ERIK DR  
Address 3601 MIAMI AVENUE  
City-State-Zip: MIAMI FL 33133

Title TD  
Name CASCIATO, MICHAEL AMR  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title SEC  
Name EDWARDS, DONALD DR  
Address 9401 BSCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title VPD  
Name WORLEY, ELIZABETH SR.  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title BDPR  
Name PRYZBYLSK, KIM PH.D.  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

*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:** ERIK SHANE

VP

02/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date