

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011041

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC1309190937**

**Entity Name:** THE SPEILLER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

847 COQUINA WAY  
BOCA RATON, FL 33432

**Current Mailing Address:**

847 COQUINA WAY  
BOCA RATON, FL 33432

**FEI Number: 46-1449048**

**Certificate of Status Desired: No**

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

CHEDIAK, NIDIA  
847 COQUINA WAY  
BOCA RATON, FL 33432 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 D  
Name SPEILLER, PAUL MD  
Address 847 COQUINA WAY  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name CHEDIAK, NIDIA MD  
Address 847 COQUINA WAY  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name CHEDIAK, SASHA  
Address 847 COQUINA WAY  
City-State-Zip: BOCA RATON FL 33432

*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: NIDIA CHEDIAK, MD**

**D**

**03/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date