

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32190

Entity Name: FOSTER CARE REVIEW, INC.

Current Principal Place of Business:

4500 BISCAYNE BOULEVARD
SUITE 100
MIAMI, FL 33137

Current Mailing Address:

4500 BISCAYNE BOULEVARD
SUITE 100
MIAMI, FL 33137 US

FEI Number: 65-0118944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZE, CANDICE L
4500 BISCAYNE BOULEVARD
SUITE 100
MIAMI, FL 33137 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: CANDICE L. MAZE

01/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name MISIUNAS, BRIAN
Address 3225 AVIATION AVENUE, SUITE 500
City-State-Zip: MIAMI FL 33133

Title CHAIRMAN
Name BELL, JEAN
Address 701 BRICKELL AVENUE, 8TH FLOOR
City-State-Zip: MIAMI FL 33131

Title SECR
Name RUSSELL, JACKYE
Address 2555 PONCE DE LEON BLVD., 5TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name LOMORIELLO, DANIELE
Address 804 OCEAN DIVE
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name FERNANDEZ, NORBERT
Address 2600 N. MILITARY TRAIL SUITE 240
City-State-Zip: BOCA RATON FL 33431

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: JEAN BELL

CHAIRMAN

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date