

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707228

FILED  
Feb 25, 2008  
Secretary of State

**Entity Name:** INSTITUTE FOR CHILD AND FAMILY HEALTH, INC.

**Current Principal Place of Business:**

15490 N.W. 7TH AVENUE  
SUITE 200  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

15490 N.W. 7TH AVENUE  
SUITE 200  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 59-0866060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOVELL, TERRY M  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130 US

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

BALESTRA, VICTOR P  
3135 SW THIRD AVENUE  
MIAMI, FL 33129 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: VICTOR P. BALESTRA

02/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: IRVING, BRUCE J ESQ.  
Address: 19134 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109

Title: T ( ) Delete  
Name: LOVELL, TERRY M ESQ.  
Address: 150 WEST FLAGLER STREET, SUITE 2200  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: WILD, ESTELLE MRS.  
Address: 8600 S.W. 120TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: FRUMKES, MELVIN ESQ  
Address: 100 N. BISCAYNE BLVD STE 1607  
City-St-Zip: MIAMI, FL 33132

Title: S (X) Delete  
Name: CONNOLLY, MICHAEL P  
Address: 11300 N.E. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33161

Title: P (X) Delete  
Name: MAKAR, STEPHEN J,  
Address: 9130 S DADELAND #1400  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAKAR, STEPHEN J  
Address: 9130 S DADELAND #1400  
City-St-Zip: MIAMI, FL 33156

Title: T (X) Change ( ) Addition  
Name: BALESTRA, VICTOR P  
Address: 3135 SW THIRD AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CONNOLLY, MICHAEL P PH.D.  
Address: 1504 S SURF ROAD  
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT D. NOLAN, PH.D.

ED

02/25/2008

Electronic Signature of Signing Officer or Director

Date