

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707228

FILED
Feb 25, 2009
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:

BALESTRA, VICTOR P
3135 SW THIRD AVENUE
MIAMI, FL 33129 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 () Delete
Name: MAKAR, STEPHEN J
Address: 9130 S DADELAND #1400
City-St-Zip: MIAMI, FL 33156

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HAMILTON, NINA
Address: 901 BRICKELL KEY BLVD APT 3605
City-St-Zip: MIAMI, FL 33131

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: IRENE PHILLIPS

CFO

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date