

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707228

FILED
Apr 03, 2012
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 (X)**

Name and Address of Current Registered Agent:

PHILLIPS, IRENE M
331 NW 83 WAY
PEMBROKE PINES, FL 33024 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
Name: MAKAR, STEPHEN J
Address: 9130 S DADELAND #1400
City-St-Zip: MIAMI, FL 33156

Title: T
Name: SOTOLONGO, EMIL
Address: 9340 SW 34 STREET
City-St-Zip: MIAMI, FL 33165

Title: VP
Name: LANDA, HENRY E
Address: 10774 SW 133RD TERRACE
City-St-Zip: MIAMI, FL 33176

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

Title: CEO
Name: GONZALEZ, JUAN C
Address: 16260 W TROON CIRCLE
City-St-Zip: MIAMI LAKES, FL 33014

Title: ATTY
Name: CANDIB, MAUREEN
Address: 10101 COLLINS AVE #17B
City-St-Zip: BAL HARBOUR, FL 33154

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: IRENE M. PHILLIPS

CFO

04/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date