NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Feb 25, 1999 8:00 am Secretary of State

ANNUAL REPORT Secretary of State					1	Secretary of State					
1999 DIVISION OF COR				IONS			02-25-1999 9	90072 019	9 **** 70.0	0	
DOCUMENT # 714329 1. Corporation Name EASTER SEAL SOCIETY OF DADE COUNTY, INC.							118A30 - Ar	10/2 · 13			
EASTER	SEAL SOCILITION DAD	L COUNTY, MC.									
		Mailing Address					•				
Principal Place				1 183	191 (2001)(01) 81882 (1)12 110		in Alĝis Acali Ala:	II 3189 1881			
1475 N W 14TH AVENUE 1475 N W 14TH AVENUE MIAMI FL 33125-1616 MIAMI FL 33125-1616											
Principal Place of Business Za. Mailing Address						3. Date Incorporated or Qualifed					
21	4 4	Suite, Apt. #, etc.	Suite Apt # etc			03/26/1968 4. FEI Number Applied For				lied For	
Suite, Apt.	#, etc.	27	⊢ '''							Applicable	
City & Stat	e	City & State	ty & State				ate of Status Desired		\$8.75 A	dditional	
23 28			····			o. Cermica	Jiaius Desired		Fee Rec		
Zip	Country			/		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
24 25 29 30 9. Name and Address of Current Registered Agent						Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					
	J. Hame and Address of Our	Talle (Cognocorous Algeria	81	Name		-		 			
BORNSTEIN, JOAN L PHD				Street	Address	(P.O. Box	Number is Not Accept	able)			
1475 NW 14TH AVE				<u> </u>					 		
MIAMI FL 33125			83	83			•			,	
			84	City			· .	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statutes	, the abov	e-named	corporat	ion submit	s this statement for the	purpose of	changing its	registered	
office or r	existered agent or both in the Sta	and 617,1508, Florida Statutes ate of Florida. Such change was auth ligations of, Section 617,0503, Florid	ากตรคต ถง	the como	oration's	board or d	rectors. I nereby acce	ht ma ahboi	HILLIGHT 43 LOS	hateled	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			gistered Age	nt signature n	required whe	n reinstating) ADDITIO	NS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12	
12.	CO	DELETE	1.1 TITLE		T	1			Change	Addition	
NAME	SASTRE, ARISTIDES J				CD			DDV T	MD		
STREET ADORESS				1.3 STREET ADDRESS S				RRY J	. MD	j	
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP N			·E 37th AY BEACH, FL	E3318		Addition	
TITLE	VD DELETE				VD	CMAN	, STEPHEN	F	☐ Change	Addision	
NAME	SILVERMAN, DR BARRY J MD			2.2 NAME R C 2.3 STREET ADDRESS 5.3			NYAN DRIVE			1	
STREET ADDRESS	1 4444 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					MI,	FL 33156		4		
CITY-ST-ZIP TITLE	N MIAMI BEACH FL VD DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE V		1			Change	Addition	
NAME	SERRALLES, JUAN E JR		3.2 NAME		PEC	KINS	, DAVID M.	_			
STREET ADDRESS				3.3 STREET ADORESS		O BI	SCAYNE BLV	D.			
CITY-ST-ZIP	MIAMI FL			3.4. CITY-ST-ZIP		MI,	FL 33137		☐ Change	Addition	
TITLE	TD DELETE			4.1 TITLE		TDETE	Th TADDV			(P) Addition	
NAME	GUTIERREZ, MARITZA		4. 2 NAME	T ADDRESS	HAN	SU M	LD, LARRY E. 197 TER	RR.		,	
	2179 MERIDIAN AVE MIAMI BEACH FL		4.4 CITY-5				FL 33162	·•			
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	5.1 TITLE			1	 		Change	Addition	
NAME	SESSIONS, MRS ELLEN		5.2 NAME			1					
CTREET ADDRESS	1220 MENDAVIA		5.3 STREE	TAODRESS	1	1					

CORAL GABLES FL 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with a ddress, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1230 MENDAVIA

STREET ADDRESS 4320 SANTA MARIA

CORAL GABLES FL

GALLAGHER, ROBERT E JR

JOEONATURES SETTIMED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

305-325-0470 Daytime Phone #

☐ Change

☐ Addition