2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 719796

Entity Name: THE MIAMI CRANIOFACIAL ANOMALIES FOUNDATION, INC.

Current Principal Place of Business:

8977 SW 152 ST
MIAMI, FL 33157 US

New Principal Place of Business:

11035 PARADELA ST
CORAL GABLES, FL 33156 US

Current Mailing Address:

11035 PARADELA ST
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: 23-7097272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERKOWITZ, SAMUEL DDS
11035 PARADELA ST
CORAL GABLES, FL 33156 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:	PT	( ) Delete
Name:	BERKOWITZ, SAMUEL	
Address:	11035 PARADELLA STREET	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	SD	( ) Delete
Name:	SEPLER, RICHARD	
Address:	2997 DAY AVENUE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	LIPOFF, NORMAN	
Address:	1221 BRICKELL AVENUE, 21ST FLOOR	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	ZEBERSKY, EDWARD	
Address:	4000 HOLLYWOOD BLVD., #400-N	
City-St-Zip:	HOLLYWOOD, FL 33021	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ZEBERSKY, EDWARD	
Address:	4000 HOLLYWOOD BLVD., #675-SOUTH	
City-St-Zip:	HOLLYWOOD, FL 33021	

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: SAMUEL BERKOWITZ PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date