

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734777

FILED
Jan 14, 2009
Secretary of State

Entity Name: ADVOCATE PROGRAM, INC.

Current Principal Place of Business:

5040 NW 7TH STREET
SUITE 250
MIAMI, FL 33126 US

Current Mailing Address:

5040 NW 7TH STREET
SUITE 250
MIAMI, FL 33126 US

New Principal Place of Business:

1200 NW 78 AVE
SUITE 300
DORAL, FL 33126 US

New Mailing Address:

1200 NW 78 AVE
SUITE 300
DORAL, FL 33126 US

FEI Number: 59-1622809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGRUFF, M. DAVID PH. D.
5040 NW 7TH STREET
SUITE 250
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MCGRUFF, M. DAVID PH. D.
1200 NW 78 AVE
SUITE 300
DORAL, FL 33126 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: M DAVID MCGRUFF

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MIGUEL, AGUSTIN
Address: 18345 SW 4TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SECT () Delete
Name: TURNER, ROBERTA H
Address: 6100 S.W. 118 ST
City-St-Zip: MIAMI, FL 33156 US

Title: TREA () Delete
Name: BENNETT, ANDREW L
Address: 7610 SW 64TH COURT
City-St-Zip: MIAMI, FL 33143 US

Title: VP () Delete
Name: WILLIAM, SAMEK
Address: 7241 SW 63RD AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: CEO () Delete
Name: MCGRUFF, DAVID M PH.D.
Address: 14220 SW 79 COURT
City-St-Zip: MIAMI, FL 33158

Title: MEMB () Delete
Name: TOUSSAINT, MARIE JO
Address: 1350 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33136 US

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: () Change () Addition
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City-St-Zip:

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: JOSEPH GRANA

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date