## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734777** 

FILED Jan 03, 2011 Secretary of State

Entity Name: ADVOCATE PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business:

1200 NW 78 AVE SUITE 300

DORAL, FL 33126 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

MCGRIFF, 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: PRES

Name: MIGUEL, AGUSTIN Address: 18345 SW 4TH COURT

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SECT

 Name:
 TURNER, ROBERTA H

 Address:
 6100 S.W. 118 ST

 City-St-Zip:
 MIAMI, FL 33156 US

Title: TREA

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

Title: VP

 Name:
 WILLIAM, SAMEK

 Address:
 7241 SW 63RD AVENUE

 City-St-Zip:
 SOUTH MIAMI, FL 33143 US

Title: CEO

 Name:
 MCGRIFF, DAVID M PH.D.

 Address:
 14220 SW 79 COURT

 City-St-Zip:
 MIAMI, FL 33158

Title: MEMB

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

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: M. DAVID MCGRIFF CEO 01/03/2011