

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736760

FILED
Apr 15, 2010
Secretary of State

Entity Name: THE BANYANS OF SOUTH MIAMI, INC.

Current Principal Place of Business:

C/O MICHELE & ASSOCIATES
800 CRANDON BLVD #102
MIAMI, FL 33149 US

New Principal Place of Business:

C/O LAKEVIEW MANAGEMENT, INC.
13388 SW 128 STREET
MIAMI, FL 33186 US

Current Mailing Address:

C/O MICHELE & ASSOCIATES
P.O. BOX 720
KEY BISCAYNE, FL 33149 US

New Mailing Address:

C/O LAKEVIEW MANAGEMENT, INC.
13388 SW 128 STREET
MIAMI, FL 33186 US

FEI Number: 59-1923336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEVEZ, MICHELE
C/O MICHELE & ASSOCIATES
800 CRANDON BLVD #102
MIAMI, FL 33149 US

Name and Address of New Registered Agent:

BUNETTA, SUE
C/O LAKEVIEW MANAGEMENT, INC.
13388 SW 128 STREET
MIAMI, FL 33186 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: SUE BUNETTA

04/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: REILLEY, KATE
Address: 6690 SW 66 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VPD
Name: BINKOV, MICHAEL
Address: 6650 SW 70 TERRACE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: SD
Name: JENKINS, ANITA
Address: 7045 SW 67 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: TD
Name: VIRELLI, JASON
Address: 7015 SW 67 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D
Name: LAWRENCE, NAN
Address: 6711 SW 70 LANE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D
Name: ROBISON, RON
Address: 6660 SW 70 TERRACE
City-St-Zip: SOUTH MIAMI, FL 33143

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: KATE REILLEY

PD

04/15/2010

Electronic Signature of Signing Officer or Director

Date