2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 766852

Entity Name: THE HEALTH COUNCIL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8095 N.W. 12TH ST.
SUITE 300
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

8095 N.W. 12TH ST.
SUITE 300
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-2268478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOSA, MARISEL
8095 NW 12 STREET
#300
MIAMI, FL 33126 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:	D	( ) Delete
Name:	GONZALEZ, ANA R	
Address:	8095 NW 12 STREET, SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	D	( ) Delete
Name:	COLLAZO, ALBERT	
Address:	8095 NW 12 STREET, SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	T	( ) Delete
Name:	SHELBY, KERRY	
Address:	8095 NW 12 STREET, SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	C	( ) Delete
Name:	KERN, LISBETH	
Address:	8095 NW 12 STREET SUITE 300	
City-St-Zip:	MIAMI, FLORIDA, FL 33126	
Title:	D	( ) Delete
Name:	PERDOMO, JOSE	
Address:	8095 NW 12 STREET, SUITE 300	
City-St-Zip:	MIAMI, FL 33126	
Title:	P	( ) Delete
Name:	LOSA, MARISEL	
Address:	8095 NW 12 STREET, SUITE 300	
City-St-Zip:	MIAMI, FL 33126	

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
Name:	
Address:	
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: MARISEL LOSA P 04/28/2008

Electronic Signature of Signing Officer or Director — Date