2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 18, 2010 **DOCUMENT#766852** Secretary of State

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

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

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

Current Mailing Address: New Mailing Address:

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

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

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

LOSA, MARISEL 8095 NW 12 STREET #300 MIAMI, 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:

ROSASCO, EDWARD Name:

Address: 8095 NW 12 STREET, SUITE 300

City-St-Zip: MIAMI, FL 33126

Title:

Name: LAZO, NELSON

Address: 8095 NW 12 STREET, SUITE 300

City-St-Zip: MIAMI, FL 33126

Title:

WALKER, DEBRA S Name:

Address: 8095 NW 12 STREET, SUITE 300

City-St-Zip: MIAMI, FL 33126

Title:

Name: PERDOMO, JOSE

8095 NW 12 STREET SUITE 300 Address: City-St-Zip: MIAMI, FLORIDA, FL 33126

Title:

LOSA, MARISEL Name:

8095 NW 12 STREET, SUITE 300 Address:

MIAMI, FL 33126 City-St-Zip:

Title:

LEGUEN. FERMIN Name:

Address: 8095 NW 12 STREET, SUITE 300

MIAMI, FL 33126 City-St-Zip:

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.

Ρ SIGNATURE: MARISEL LOSA 08/18/2010