

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766852

FILED
Apr 22, 2011
Secretary of State

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: VC
Name: ROSASCO, EDWARD
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: T
Name: LAZO, NELSON
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: S
Name: WALKER, DEBRA S
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: C
Name: PERDOMO, JOSE
Address: 8095 NW 12 STREET SUITE 300
City-St-Zip: MIAMI, FLORIDA, FL 33126

Title: P
Name: LOSA, MARISEL
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: O
Name: LEGUEN, FERMIN
Address: 8095 NW 12 STREET, SUITE 300
City-St-Zip: MIAMI, FL 33126

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: MARISEL LOSA

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date