

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770747

FILED
Jan 03, 2012
Secretary of State

Entity Name: COMMUNITY AIDS RESOURCE, INC.

Current Principal Place of Business:

3510 BISCAYNE BLVD.
SUITE 300
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3510 BISCAYNE BLVD.
SUITE 300
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-2564198 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLUM, SAMUEL, ESQ.
2951 S. BAYSHORE DR. #811
MIAMI, FL 33133 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: TD
Name: CORBETT, RUSSELL
Address: 1780 N.E. 137 TERRACE
City-St-Zip: NORTH MIAMI, FL 33181

Title: PD
Name: HOLMES, DOROTHY PH.D.
Address: 10430 SW 183RD ST
City-St-Zip: MIAMI, FL 33157

Title: VD
Name: PAUL, DAVID
Address: 1165 98TH ST #203
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MD
Name: SICLARI, RICHARD JR.
Address: 3510 BISCAYNE BLVD., SUITE 300
City-St-Zip: MIAMI, FL 33137 US

Title: S
Name: FALCON, DAN
Address: 915 NW 1 AVE #H1005
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: RICK SICLARI

MD

01/03/2012

Electronic Signature of Signing Officer or Director

Date