

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001216

FILED
Jan 16, 2009
Secretary of State

Entity Name: AIDS HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

110 SE 6TH ST.
STE 1960
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

6255 W. SUNET BLVD., 21ST FLOOR
LOS ANGELES, CA 90028

New Mailing Address:

FEI Number: 95-4112121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: FISCHER, LAURENT M.D.
Address: 1870 SEA VIEW AVENUE
City-St-Zip: DEL MAR, CA 92014

Title: VC () Delete
Name: MARSH, JUDITH B
Address: 655 12TH ST 113
City-St-Zip: OAKLAND, CA 94607

Title: S () Delete
Name: DIAZ, AGAPITO
Address: 3495 ROSPECT AVE.
City-St-Zip: LOS ANGELES, CA 90027

Title: P () Delete
Name: WEINSTEIN, MICHAEL
Address: 6255 W. SUNSET BLVD, 21ST FLOOR
City-St-Zip: LOS ANGELES, CA 90028

Title: T () Delete
Name: ALTON, GREGG
Address: 960 CHESTNUT ST.
City-St-Zip: SAN FRANCISCO, CA 94109

Title: VP () Delete
Name: REIS, PETER
Address: 6255 W. SUNSET BLVD. 21ST FLOOR
City-St-Zip: LOS ANGELES, CA 90028

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
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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: MICHAEL WEINSTEIN

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date