2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001216

FILED Jan 25, 2011 Secretary of State

Entity Name: AIDS HEALTHCARE FOUNDATION, INC.

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

110 SE 6TH ST. STE 1960

FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

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

FEI Number: 95-4112121 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Title: C

Name: WRIGHT, RODNEY M.D.

Address: 350 WEST 50TH STREET, APT. 35-I

City-St-Zip: NEW YORK, NY 10019

Title: VC

Name: DAVIS, CYNTHIA Address: 6181 DIAMOND AVE.

City-St-Zip: RANCHO CUCAMONGA, CA 91737

Title: S

 Name:
 DIAZ, AGAPITO

 Address:
 3995 PROSPECT AVE.

 City-St-Zip:
 LOS ANGELES, CA 90027

Title: F

Name: WEINSTEIN, MICHAEL

Address: 6255 W. SUNSET BLVD, 21ST FLOOR

City-St-Zip: LOS ANGELES, CA 90028

Title:

 Name:
 PETERS, LAWRENCE

 Address:
 10 WEST 15TH STREET

 City-St-Zip:
 NEW YORK, NY 10011

Title: VF

Name: REIS, PETER

Address: 6255 W. SUNSET BLVD. 21ST FLOOR

City-St-Zip: LOS ANGELES, CA 90028

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: LAURA NELSON CFO 01/25/2011