

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007692

FILED
Feb 28, 2009
Secretary of State

Entity Name: MANIGLIA MEDICAL EDUC. & RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

ANTHONY J. MANIGLIA, M.D.,FACS.,FICS
4167 PALM LANE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

ANTHONY J. MANIGLIA, M.D.,FACS.,FICS
4167 PALM LANE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1058055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIGLIA, ANTHONY J
4167 PALM LANE
MIAMI, FL 33137 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: P () Delete
Name: MANIGLIA, ANTHONY J MD
Address: 4167 PALM LANE
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: ANTUNEZ, ANTONIO R MD
Address: 333 TIMBERRIDGE TRAIL
City-St-Zip: GATES MILLS, OH 44040

Title: D () Delete
Name: COSTANTINI, MARIA T
Address: AVE. ESTADOS UNIDOS, 187
City-St-Zip: S.J. RIO PRETO(SP), BRAZIL,

Title: BOD () Delete
Name: PENHA, PEDRO DANIEL MD
Address: 305 EAST 86TH STREET, APT. 17
City-St-Zip: NEW YORK, NY

Title: VP () Delete
Name: MANIGLIA, JOAO JAIRNEY MD
Address: RUA DOMINGOS BENNATO, 671 CURITIBA
City-St-Zip: PARANA, BRAZIL,

Title: T () Delete
Name: GOODWIN, WILLIAM J MD
Address: P O BOX 016960, D-48
City-St-Zip: MIAMI, FL 33101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANIGLIA, ANTHONY J MD
Address: 4167 PALM LANE
City-St-Zip: MIAMI, FL 33137 US

Title: S (X) Change () Addition
Name: ANTUNEZ, ANTONIO R MD
Address: 333 TIMBERRIDGE TRAIL
City-St-Zip: GATES MILLS, OH 44040 US

Title: D (X) Change () Addition
Name: COSTANTINI, MARIA T
Address: AVE. ESTADOS UNIDOS, 187
City-St-Zip: S.J. RIO PRETO(SP), SP 15093 BR

Title: BOD (X) Change () Addition
Name: PENHA, PEDRO DANIEL MD
Address: 305 EAST 86TH STREET, APT. 17
City-St-Zip: NEW YORK, NY 10021 US

Title: VP (X) Change () Addition
Name: MANIGLIA, JOAO JAIRNEY MD
Address: RUA DOMINGOS BENNATO, 671
City-St-Zip: CURITIBA, PR BRAZIL

Title: T (X) Change () Addition
Name: GOODWIN, WILLIAM J MD
Address: 9841 SUBURBAN DR
City-St-Zip: MIAMI, FL

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: ANTHONYJMANIGLIA,MD

P

02/28/2009

Electronic Signature of Signing Officer or Director

Date