2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# N01000003995

Entity Name: THE POST POLIO ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2660 SE 7TH PLACE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

11901 SW 177 TERRACE
MIAMI, FL 331772354 US

New Mailing Address:

FEI Number: 20-0165349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRATZKE, BARBARA PTD
2660 SE 7TH PLACE
HOMESTEAD, FL 33033 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: PTD
Name: GRATZKE, BARBARA PTD
Address: 2660 SE 7TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: PD
Name: WULF, NANETTE PD
Address: 22840 SW 167 AVE
City-St-Zip: MIAMI, FL 33170

Title: SD
Name: GRATZKE, BILL SD
Address: 2660 SE 7TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: SD
Name: ABEL-POSTAL, SUSAN SD
Address: 3451 NE 210 ST
City-St-Zip: AVENTURA, FL 33180

Title: VD
Name: ABEL, RENE VD
Address: 21205 YACHT CLUB DRIVE #2603
City-St-Zip: AVENTURA, FL 33180

Title: TD
Name: RICHMOND, PATRICIA TD
Address: 11901 SW 177 TER
City-St-Zip: MIAMI, FL 331772354

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: PATRICIA RICHMOND TD 04/21/2010

Electronic Signature of Signing Officer or Director — Date