2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N01000004519

Entity Name: COMMUNITY LIFE SUPPORT, INC.

Current Principal Place of Business:

486 FISHERMAN ST.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

486 FISHERMAN ST.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-1128302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNOZ, YADIRA I
426 E. 10TH ST.
HIALEAH, FL 33010 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: PD ( ) Delete
Name: BLEMUR, PIERRE R
Address: 10940 SW 106TH AVE.
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete
Name: MENA, JULIA
Address: 18107 SW. 154 CT.
City-St-Zip: MIAMI, FL 33187

Title: TD ( ) Delete
Name: MUNOZ, YADIRA
Address: 426 E. 10TH ST.
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete
Name: SANTANA, ELDA Y
Address: 1009 N.W. 128 PL
City-St-Zip: MIAMI, FL 33182

Title: D ( ) Delete
Name: CHAGONI, M.D., LAILA
Address: 18168 N.W. 89 PLACE
City-St-Zip: HIALEAH, FL 33018

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
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: PIERRE R. BLEMUR M.D. P 03/18/2009

Electronic Signature of Signing Officer or Director — Date