2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004971

FILED Jul 02, 2009 Secretary of State

Entity Name: FLORIDA CHILDREN'S ENVIRONMENTAL HEALTH ALLIANCE INC.

urrent P	rincipal Place of Business:	New Principal Pla	ace of Business:
	19TH ST. KE PINES, FL 33024		
urrent M	lailing Address:	New Mailing Add	Iress:
	19TH ST. KE PINES, FL 33024		
	: 65-1147958 FEI Number Applied For () FE ice with s. 607.193(2)(b), F.S., the corporation did not rece	I Number Not Applicable (sive the prior notice.) Certificate of Status Desired ()
ame and	Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
	JANVIER MD,PHD 19TH ST		
342 NW EMBRON ne above	19TH ST. KE PINES, FL 33024 US named entity submits this statement for the purpo	se of changing its regis	tered office or registered agent, or both,
642 NW EMBRON ne above the State	19TH ST. KE PINES, FL 33024 US named entity submits this statement for the purpole of Florida.	se of changing its regis	tered office or registered agent, or both,
642 NW EMBRON ne above the State	19TH ST. KE PINES, FL 33024 US named entity submits this statement for the purpole of Florida.	se of changing its regis	tered office or registered agent, or both, Date
642 NW EMBRON he above the State	19TH ST. KE PINES, FL 33024 US e named entity submits this statement for the purpo e of Florida. RE:		
642 NW EMBRON The above the State GNATUI FFICER: le: le: lme: dress:	19TH ST. KE PINES, FL 33024 US e named entity submits this statement for the purpo e of Florida. RE: Electronic Signature of Registered Agent		Date
642 NW EMBRON ne above the State GNATUI	19TH ST. KE PINES, FL 33024 US e named entity submits this statement for the purpo e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: CD () Delete GASANA, JANVIER MD, PHD 7642 NW 19TH ST.	ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS

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: JANVIER GASANA CD 07/02/2009