2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N01000006866

Entity Name: BOCA AREA POST POLIO GROUP, INC.

Current Principal Place of Business:

11660 TIMBERS WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

11660 TIMBERS WAY
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-1146377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRIKSEN, MAUREEN
11660 TIMBERS WAY
BOCA RATON, FL 33428 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: HENRIKSEN, MAUREEN A
Address: 11660 TIMBERS WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VPD ( ) Delete
Name: DEMASI, CAROLYN
Address: 15720 SE 27TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD ( ) Delete
Name: MCMILLEN, JANE
Address: 22107 MARTELLA AVE
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: DAUBENSPECK, EFFIE
Address: 23343 BLUE WATER CIRCLE #B216
City-St-Zip: BOCA RATON, FL 33433

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:

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: MAUREEN A. HENRIKSEN PD 01/31/2009

Electronic Signature of Signing Officer or Director — Date