


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008534</b>	
1. Entity Name <b>THE TRANSPLANT HOUSE FOUNDATION, INC.</b>	

Principal Place of Business <b>1801 NW 9TH ST STE 150-B MIAMI, FL 33136</b>	Mailing Address <b>C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE STE 507 MIAMI, FL 33131</b>
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03232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2767754</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**IAG CORPORATE SERVICES, INC.  
601 BRICKELL KEY DRIVE STE 507  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000098804

03/29/04-80057-003 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, DONNIE 1067 N.W. 155 TERRACE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, PAUL 7850 N.W. 5TH PLACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, ILENE 115 S. ANDREWS AVE ROOM 414 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, IVAN A 601 BRICKELL KEY DRIVE STE 507 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/04

**305-243-7591**

Daytime Phone #