

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008534

1. Entity Name
THE TRANSPLANT HOUSE FOUNDATION, INC.



Principal Place of Business

**1801 NW 9TH ST
STE 150-B
MIAMI, FL 33136**

Mailing Address

**C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE STE 507
MIAMI, FL 33131**



01312006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2767754

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000424098
02/18/06-80034-017 70.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COKER, DONNIE
STREET ADDRESS	1087 N.W. 155 TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	ALTERMAN, PAUL
STREET ADDRESS	7850 N.W. 5TH PLACE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	LIEBERMAN, ILENE
STREET ADDRESS	115 S. ANDREWS AVE ROOM 414
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	D
NAME	GOMEZ, IVAN A
STREET ADDRESS	601 BRICKELL KEY DRIVE STE 507
CITY-ST-ZIP	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 exemptions contained 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 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

305-371-9213

Date

Daytime Phone #