

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90021 028 \*\*\*\*70.00

**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

**40049723**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2767754**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME COKER, DONNIE  
STREET ADDRESS 1067 N.W. 155 TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete  
NAME ALTERMAN, PAUL  
STREET ADDRESS 7850 N.W. 5TH PLACE  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D ☐ Delete  
NAME LIEBERMAN, ILENE  
STREET ADDRESS 115 S. ANDREWS AVE ROOM 414  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D ☐ Delete  
NAME GOMEZ, IVAN A  
STREET ADDRESS 601 BRICKELL KEY DRIVE STE 507  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**IVAN A. GOMEZ, Director**

**(305) 371-9213**