## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008534

FILED Jan 05, 2009 Secretary of State

Entity Name: THE TRANSPLANT HOUSE FOUNDATION INC

Entity Nan					
Current Pr	rincipal Pla	ce of Business:	New Principal P	lace of Business:	
1801 NW 9 STE 150-B MIAMI, FL	i		1500 NW 12TH A 7TH FLOOR WES MIAMI, FL 33136		
Current Ma	ailing Addr	ess:	New Mailing Add	dress:	
		P.A. RIVE STE 507	TRANSPLANT F SUITE 705 MIAMI, FL 33135	OUNDATION, 701 SW 27TH AVENUE	
FEI Number:	03-0396592	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agen	: Name and Addre	ess of New Registered Agent:	
	ELL KEY DF	RVICES, INC. RIVE STE 507 S	GOMEZ, IVAN A 601 BRICKELL KI SUITE 507 MIAMI, FL 33131		
The above in the State	named entity of Florida.	y submits this statement for	ne purpose of changing its regis	stered office or registered agent, or both,	
in the State	e of Florida. RE: <u>IVAN G</u>	OMEZ		stered office or registered agent, or both, 01/05/2009	
in the State	e of Florida. RE: <u>IVAN G</u>				
in the State SIGNATUR	e of Florida. RE: <u>IVAN G</u>	OMEZ onic Signature of Registered	Agent	01/05/2009	lS:
in the State SIGNATUR	e of Florida.  RE: IVAN G  Electro  B AND DIRE	OMEZ  onic Signature of Registered  CTORS:  ( ) Delete PAUL  TH PLACE	Agent	01/05/2009 Date	₹S:
in the State SIGNATUR  OFFICERS  Title: Name: Address:	e of Florida.  RE: IVAN G Electro  S AND DIRE  ALTERMAN, 7850 N.W. 5* PLANTATION  D LIEBERMAN, 115 S. ANDR	OMEZ conic Signature of Registered CTORS: ( ) Delete PAUL TH PLACE (, FL 33324 ( ) Delete	Agent  ADDITIONS/CHA  Title: Name: Address:	01/05/2009  Date  ANGES TO OFFICERS AND DIRECTOR	<b>ts</b> :
in the State SIGNATUR  OFFICERS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	e of Florida.  RE: IVAN G Electro  B AND DIRE  D ALTERMAN, 7850 N.W. 5' PLANTATION  D LIEBERMAN, 115 S. ANDR  FT LAUDERE  D GOMEZ, IVAL	OMEZ  conic Signature of Registered  ctors:  ( ) Delete PAUL ITH PLACE I, FL 33324  ( ) Delete ILENE EWS AVE ROOM 414 PALE, FL 33301  ( ) Delete N A LL KEY DRIVE STE 507	Agent  ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: D Name: GOME Address: 601 Bl	01/05/2009  Date  ANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	₹S:

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: ELI COMPTON D 01/05/2009