

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002125

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: FLORIDA CASE MANAGEMENT AGENCY, INC.

## Current Principal Place of Business:

9140 COLLINS AVENUE #L  
SURFSIDE, FL 33154

## New Principal Place of Business:

9140 COLLINS AVENUE  
#L  
SURFSIDE, FL 33154

## Current Mailing Address:

9140 COLLINS AVENUE #L  
SURFSIDE, FL 33154

## New Mailing Address:

9140 COLLINS AVENUE  
#L  
SURFSIDE, FL 33154

FEI Number: 20-0833466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA-ROJAS, DOLORES A  
9140 COLLINS AVE, #L  
SURFSIDE, FL 33154 US

## Name and Address of New Registered Agent:

GARCIA-ROJAS, DOLORES A  
9140 COLLINS AVENUE  
#L  
SURFSIDE, FL 33154 US

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:

03/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARCIA-ROJAS, DOLORES A  
Address: 9140 COLLINS AVENUE #L  
City-St-Zip: SURFSIDE, FL 33154

Title: SD ( ) Delete  
Name: GARCIA, FELIX O  
Address: 2540 NW 83 AVE  
City-St-Zip: SUNRISE, FL 33322

Title: TD ( ) Delete  
Name: DEGRACIA, VILMA E  
Address: 8864 NW 118 ST  
City-St-Zip: HIALEAH, FL 33018

Title: TREA ( ) Delete  
Name: POLIS, NATALIE  
Address: 2540 NW 83 AVE  
City-St-Zip: SUNRISE, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DEGRACIA, VILMA E  
Address: 1543 SE 25 ST #207  
City-St-Zip: HOMESTEAD, FL 33035

Title: TREA (X) Change ( ) Addition  
Name: GARCIA, NATALIE  
Address: 5951 LONDON LANE  
City-St-Zip: TAMARAC, FL 33321

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: DOLORES A. GARCIA-ROJAS

CEO

03/05/2009

Electronic Signature of Signing Officer or Director

Date