2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90298 049 ****61.25

DOCUMENT # N04000004186

1. Entity Name
WINGS OF LIFE - SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
11000 SW 220TH ST. MIAMI, FL 33170	11000 SW 220TH ST. MIAMI, FL 33170

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03212005 Chg-NP CR2E037 (10/03)

4. FEI Number 200954347 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HULL, DAVID 225 WATER ST., STE. 1800 JACKSONVILLE, FL 32202	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, 2005

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE CD NAME Diana Parker STREET ADDRESS 601 Brickell Key Dr, Ste. 600 CITY-ST-ZIP Miami FL 33131 ☐ Delete	TITLE D NAME Dr. Rafael Llanso STREET ADDRESS 400 University Dr. 3rd Floor CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☐ Addition
TITLE PD NAME O.B. Stander STREET ADDRESS 5915 Benjamin Center Drive CITY-ST-ZIP Tampa, FL 33634 ☐ Delete	TITLE D NAME Juan Carlos Planas STREET ADDRESS 218 Hixie Office Building CITY-ST-ZIP 408 S. Monroe St. Tallahassee FL 32399 ☐ Change ☐ Addition
TITLE STD NAME Josie Cruz STREET ADDRESS 5915 Benjamin Center Dr CITY-ST-ZIP Tampa, FL 33634 ☐ Delete	TITLE D NAME Al Rolle STREET ADDRESS 4 South Krome Ave CITY-ST-ZIP Homestead, FL 33030 ☐ Change ☐ Addition
TITLE D NAME Margarita Miguez STREET ADDRESS 200 South Biscayne Blvd # 40000 CITY-ST-ZIP Miami, FL 33131 ☐ Delete	TITLE D NAME Brett Davis Wallace, Esquire STREET ADDRESS 401 West Palm Dr. Ste 4 CITY-ST-ZIP Florida City, FL 33034 ☐ Change ☐ Addition
TITLE D NAME Jenny Soriano-Priestly STREET ADDRESS 19500 SW 134th CT. CITY-ST-ZIP Miami FL 33177 ☐ Delete	TITLE D NAME Dr. Mimi Graham STREET ADDRESS 1339 East Lafayette St. CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☐ Addition
TITLE D NAME Andrea D. Rernick STREET ADDRESS 6280 Sunset Dr. 2nd Floor CITY-ST-ZIP South Miami, FL 33143 ☐ Delete	TITLE D NAME Barbara White STREET ADDRESS 1339 East Lafayette St CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #