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

03212005 Chg-NP CR2E037 (10/03)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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