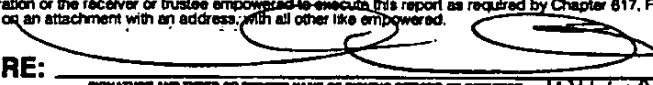


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90072 035 ****61.25

DOCUMENT # N04000004798					
1. Entity Name ARC WINTERHAVEN, INC.					
Principal Place of Business 5555 BISCAYNE BLVD MIAMI, FL 33137			Mailing Address 5555 BISCAYNE BLVD MIAMI, FL 33137		
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 20-1453842	
				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		
WINTER, MAUREEN 5555 BISCAYNE BLVD MIAMI, FL 33137			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 releasing)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete			
NAME	REED, BEN				
STREET ADDRESS	1800 SW 84TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	SD	☐ Delete			
NAME	SALAZAR-REALINI, HELEN				
STREET ADDRESS	7821 SW 53RD AVENUE				
CITY-ST-ZIP	MIAMI, FL 33143				
TITLE	TD	☐ Delete			
NAME	KIRSH, WILLIAM DR.				
STREET ADDRESS	2835 REGATTA AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
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 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:  WILLIAM KIRSH Date 3/4/05 (305) 883-8720 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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02012005 Chg-NP CR2E037 (10/03)