

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008442

FILED
Apr 19, 2009
Secretary of State

Entity Name: CARIBBEAN HEALTH RESEARCH NETWORK OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

11440 OKEECHOBEE BLVD.
SUITE 217
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

11440 OKEECHOBEE BLVD.
SUITE 217
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 80-0120049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLIER, NICOLE
11440 OKEECHOBEE BLVD
SUITE 217
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: KELLIER, NICOLE
Address: 11440 OKEECHOBEE BLVD, SUITE 217
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: GARVEY, MARJORIE
Address: 11440 OKEECHOBEE BLVD, SUITE 217
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: WILLIAMS, ANDREA
Address: 11440 OKEECHOBEE BLVD, SUITE 217
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NICOLE KELLIER

P,D

04/19/2009

Electronic Signature of Signing Officer or Director

Date