2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2010
Secretary of State

DOCUMENT# N04000008442

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

Current Principal Place of Business:

ONE W CAMINO REAL STE 212
BOCA RATON, FL 33432 US

New Principal Place of Business:

ONE WEST CAMINO REAL STE 212
BOCA RATON, FL 33432 US

Current Mailing Address:

ONE W CAMINO REAL STE 212
BOCA RATON, FL 33432 US

New Mailing Address:

ONE WEST CAMINO REAL STE 212
BOCA RATON, FL 33432 US

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:

KELLIER, NICOLE
ONE WEST CAMINO REAL
SUITE 212
BOCA RATON, FL 33432 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: NICOLE KELLIER 01/22/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: KELLIER, NICOLE
Address: ONE WEST CAMINO REAL, SUITE 212
City-St-Zip: BOCA RATON, FL 33432 US

Title: D
Name: KELLIER, MARJORIE
Address: ONE WEST CAMINO REAL, SUITE 212
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: WILLIAMS, ANDREA
Address: ONE WEST CAMINO REAL, SUITE 212
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: NICOLE KELLIER P 01/22/2010
Electronic Signature of Signing Officer or Director Date