2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000002688

1. Entity Name
SOUTH MIAMI CHILDREN'S CLINIC, INC.

FILED
08 SEP 25 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6701 SW 58TH PLACE S MIAMI, FL 33143	6701 SW 58TH PLACE S MIAMI, FL 33143

09192008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-4583206
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAXON, KYLE R ESQ
2600 SOUGLAS RD SUITE 1109
CORAL GABLES, FL 33134

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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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BRACKIN, D WAYNE
STREET ADDRESS	6200 SW 73RD STREET
CITY-ST-ZIP	S MIAMI, FL 33143
TITLE	DVC
NAME	DODARD, MICHEL
STREET ADDRESS	1801 NW 9TH AVE., 470
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	DS
NAME	GAY, GREGORY
STREET ADDRESS	6461 SW 59TH PLACE
CITY-ST-ZIP	S MIAMI, FL 33143
TITLE	DT
NAME	CAMPBELL, LESLIE
STREET ADDRESS	3759 NW 91ST LANE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

9/19/25

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09/25/08--01040--007 **61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra Crawford 9/19/08 786-662-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #