2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N06000002688

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

Current Principal Place of Business:

6701 SW 58TH PLACE
S MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6701 SW 58TH PLACE
S MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-4583206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAXON, KYLE R ESQ
2600 SOUGLAS RD SUITE 1109
CORAL GABLES, FL 33134 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: DC ( ) Delete
Name: BRACKIN, D WAYNE
Address: 6200 SW 73RD STREET
City-St-Zip: S MIAMI, FL 33143

Title: DVC ( ) Delete
Name: DODARD, MICHEL
Address: 1801 NW 9TH AVE., 470
City-St-Zip: MIAMI, FL 33136

Title: DS ( ) Delete
Name: GAY, GREGORY
Address: 6461 SW 59TH PLACE
City-St-Zip: S MIAMI, FL 33143

Title: DT ( ) Delete
Name: CAMPBELL, LESLIE
Address: 3759 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

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:

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: TINA CARROLL-SCOTT DR. 06/24/2009

Electronic Signature of Signing Officer or Director — Date