

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002688

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**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 ( )**

**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  
**Name:** BRACKIN, D WAYNE  
**Address:** 6200 SW 73RD STREET  
**City-St-Zip:** S MIAMI, FL 33143

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

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

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

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:** TINA SCOTT

MD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date