2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012629

Jul 07, 2009 Secretary of State

Entity Name: TRIBUTE TO THE MILITARY RUN/RACE/WALK, INC.

Current Principal Place of Business: New Principal Place of Business:

6280 SUNSET DRIVE, SUITE #405 7000 SW 62ND AVE

SOUTH MIAMI, FL 33143 #210

SOUTH MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

6280 SUNSET DRIVE, SUITE #405 7000 SW 62ND AVE

SOUTH MIAMI, FL 33143 #210

SOUTH MIAMI, FL 33143

FEI Number: 01-0881457 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: Name and Address of New Registered Agent:

PICKARD, ROBERT E M.D.
6280 SUNSET DRIVE, SUITE #405
SOUTH MIAMI, FL 33143 US
PICKARD, ROBERT E M.D.
7000 SW 62ND AVE #210
SOUTH MIAMI, FL 33143 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: ROBERT PICKARD, MD 07/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DR
 () Delete
 Title:
 DR
 (X) Change () Addition

 Name:
 PICKARD, ROBERT E M.D.
 Name:
 PICKARD, ROBERT E M.D.

 Address:
 6280 SUNSET DRIVE, SUITE #405
 Address:
 7000 SW 62ND AVE #210

 City-St-Zip:
 SOUTH MIAMI, FL 33143
 City-St-Zip:
 SOUTH MIAMI, FL 33143

Title: DS () Delete Title: DS (X) Change () Addition Name: PICKARD, SUSAN L PICKARD, SUSAN L

Address: 6280 SUNSET DRIVE, SUITE #405 Address: 7000 SW 62ND AVE #210 City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143

Title: TD () Delete Title: TD (X) Change () Addition

Name:PICKARD, REBECCAName:PICKARD, REBECCAAddress:6280 SUNSET DRIVE, SUITE #405Address:7000 SW 62ND AVE #210City-St-Zip:SOUTH MIAMI, FL 33143City-St-Zip:SOUTH MIAMI, FL 33143

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: ROBERT PICKARD, MD MD 07/07/2009