

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002678

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** ST. JUDE'S ALLIANCE FOR PEDIATRIC BIPOLAR DISORDER, INC.

**Current Principal Place of Business:**

8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 26-3566275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACHIN-QUIRANTES, YWAIDREE C  
8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186 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: PTSD  
Name: MACHIN, NORAYDA  
Address: 8860 SW 123 COURT SUITE K-109  
City-St-Zip: MIAMI, FL 33186 US

Title: VPD  
Name: MACHIN-QUIRANTES, YWAIDREE C  
Address: 8860 SW 123 COURT K-109  
City-St-Zip: MIAMI, FL 33186 US

Title: S  
Name: GAYO, LOURDES C  
Address: 3930 SW 61 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

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: LOURDES GAYO

S

02/28/2012

Electronic Signature of Signing Officer or Director

Date