

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003086

FILED
Apr 22, 2008
Secretary of State

Entity Name: AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA, INC.

Current Principal Place of Business:

110 SE 6TH STREET SUITE 1960
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

110 SE 6TH STREET SUITE 1960
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, WILLIAM B
305 S GADSDEN STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: WEINSTEIN, MICHAEL
Address: 2045 MORGAN HILL DR
City-St-Zip: LOS ANGELES, CA 90068

Title: D () Delete
Name: DIAZ, AGAPITO
Address: 3995 PROSPECT AVE
City-St-Zip: LOS ANGELES, CA 90027

Title: D () Delete
Name: MARSH, JUDITH B
Address: 559 VICTORIA CT
City-St-Zip: SAN LEANDRO, CA 94577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEINSTEIN, MICHAEL
Address: 2045 MORGAN HILL DR
City-St-Zip: LOS ANGELES, CA 90068

Title: S (X) Change () Addition
Name: DIAZ, AGAPITO
Address: 3995 PROSPECT AVE
City-St-Zip: LOS ANGELES, CA 90027

Title: T (X) Change () Addition
Name: MARSH, JUDITH B
Address: 559 VICTORIA CT
City-St-Zip: SAN LEANDRO, CA 94577

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: MICHAEL WEINSTEIN

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date