

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007211

FILED
Apr 22, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF FREE CLINICS, INC.

Current Principal Place of Business:

7855 SW 104TH STREET STE 210
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7855 SW 104TH STREET STE 210
MIAMI, FL 33156

New Mailing Address:

PO BOX 832317
MIAMI, FL 33283 US

FEI Number: 26-2454177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAILY, MICHAEL M
7855 SW 104TH STREET STE 210
MIAMI, FL 33156 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: DAILY, MICHAEL M
Address: PO BOX 832317
City-St-Zip: MIAMI, FL 33283 US

Title: SD () Change (X) Addition
Name: ISE, JOHN
Address: PO BOX 832317
City-St-Zip: MIAMI, FL 33283 US

Title: TD () Change (X) Addition
Name: NICHOLS, DENNIS D CPA
Address: 7791 NORTHWEST 146TH STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VD () Change (X) Addition
Name: PATHAK, DEV PH.D.
Address: PO BOX 832317
City-St-Zip: MIAMI, FL 33283 US

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 M. DAILY

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date