

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012272

FILED
Apr 22, 2009
Secretary of State

Entity Name: AMERICAN FEDERATION FOR AGING RESEARCH FLORIDA, INC.

Current Principal Place of Business:

5200 N E 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE STE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-1664990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVE STE 1400
MIAMI, FL 33131 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: BEERS, MARK DR
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: OUSLANDER, JOSEPH DR
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: LEDERMAN, STEPHANIE
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: EISDORFER, CARL
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: ROOS, BERNARD DR
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change () Addition
Name: MORGAN, DAVE DR
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LICHTMAN, SUSAN
Address: 5200 N E 2ND AVE
City-St-Zip: MIAMI, FL 33137

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: BERNARD ROOS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date