

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003857

FILED
Jan 30, 2009
Secretary of State

Entity Name: TRAUMA RESOLUTION CENTER INC

Current Principal Place of Business:

16313 SW 99TH PL
MIAMI, FL 33157

New Principal Place of Business:

111 SW 3RD STREET, 3RD FLOOR
MIAMI, FL 33130

Current Mailing Address:

16313 SW 99TH PL
MIAMI, FL 33157

New Mailing Address:

111 SW 3RD STREET, 3RD FLOOR
MIAMI, FL 33130

FEI Number: 26-2543782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESCILO, TERESA
16313 SW 99TH PL
MIAMI, FL 33157 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: P () Delete
Name: COLLAZO, LUIS
Address: 15140 DUNBARTON PL
City-St-Zip: MIAMI, FL 33036

Title: VP () Delete
Name: CARMODEY, MAUREEN
Address: 4813 GARY RD #A
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: HANKA, PRIYANKA
Address: 14060 SW 82ND AVE
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLAZO, LUIS
Address: 111 SW 3RD STREET, 3RD FLOOR
City-St-Zip: MIAMI, FL 33130

Title: VP (X) Change () Addition
Name: HOLYFIELD, NORVELLE
Address: 111 SW 3RD STREET, 3RD FLOOR
City-St-Zip: MIAMI, FL 33130

Title: S (X) Change () Addition
Name: COLLIVER, FORREST
Address: 111 SW 3RD STREET, 3RD FLOOR
City-St-Zip: MIAMI, FL 33130

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: LUIS COLLAZO

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date