

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003873

FILED
Apr 08, 2009
Secretary of State

Entity Name: PHOENIX HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

10800 BISCAYNE BOULEVARD
660
MIAMI, FL 33161

New Principal Place of Business:

10800 BISCAYNE BOULEVARD
201
MIAMI, FL 33161

Current Mailing Address:

10800 BISCAYNE BOULEVARD
660
MIAMI, FL 33161

New Mailing Address:

10800 BISCAYNE BOULEVARD
201
MIAMI, FL 33161

FEI Number: 26-3512333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DARVIN E
777 NE 62ND STREET
C505
MIAMI, FL 33138 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: WILLIAMS, DARVIN E
Address: 777 NE 62ND STREET UNIT C505
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: CABRERA-HABER, LUIS A M.D.
Address: 9488 NW 2ND AVENUE
City-St-Zip: MIAMI SHORES, FL 33150

Title: DIR () Delete
Name: STONE, THERESA M.D.
Address: 1400 EAST WEST HIGHWAY APT. 1010
City-St-Zip: SILVER SPRING, MD 20910

Title: DIR () Delete
Name: CHARLES, LYSA M.D.
Address: 10409 SWEETBRIAR PARKWAY
City-St-Zip: SILVER SPRING, MD 20903

Title: DIR () Delete
Name: TAVERAS, HERMINIA M.P.H.
Address: 1259 NW 31ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DARVIN WILLIAMS

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date