

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003873

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** PHOENIX HEALTHCARE FOUNDATION, INC.

**Current Principal Place of Business:**

10800 BISCAYNE BOULEVARD  
201  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

10800 BISCAYNE BOULEVARD  
201  
MIAMI, FL 33161

**New Mailing Address:**

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

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

**Title:** S  
**Name:** GAMIO, SANDRA  
**Address:** 8615 NW 5 TERRACE #209  
**City-St-Zip:** MIAMI, FL 33126

I hereby 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 all other like empowered.

**SIGNATURE:** DARVIN E. WILLIAMS

P

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date