2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000005506

Entity Name: SPINAL CORD INJURY SUPPORT GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4399 NOB HILL RD.
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4399 NOB HILL RD.
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-3037060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTIN, ALEJANDRO
4101 PINE RIDGE LANE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

LUTIN, ALEJANDRO
11811 ROYAL PALM BLVD
APT. 102
CORAL SPRINGS, FL 33065 US

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: ALEJANDRO LUTIN 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUTIN, ALEJANDRO
Address: 4101 PINE RIDGE LANE
City-St-Zip: WESTON, FL 33331

Title: STD ( ) Delete
Name: SALIDOR, RICHARD
Address: 11785 ROUYAL PALM BLVD.,APT 103
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: KRINSKY, SUE
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: LERNER, LAUREN DR.
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: BUONICONTI, MARC
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: LANDINO, PAUL
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LUTIN, ALEJANDRO
Address: 11811 ROYAL PALM BLVD APT.102
City-St-Zip: CORAL SPRING, FL 33065

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: RICHARD SALIDOR STD 04/27/2009
Electronic Signature of Signing Officer or Director Date