

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005506

FILED
Jan 18, 2012
Secretary of State

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

Current Principal Place of Business:

4399 NOB HILL RD.
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452815
SUNRISE, FL 33345 US

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:

WEST, GLENN
10961 NW 18TH CT
PLANTATION, FL 33322 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: BERELEOS, ROB
Address: 4399 NOB HILL RD
City-St-Zip: SUNRISE, FL 33351

Title: S
Name: TIMONEY, ROSEMARY
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: KRINSKY, SUSAN
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

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

Title: T
Name: WEST, GLENN
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: LUTIN, ALEX
Address: 4399 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33351

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: GLENN WEST

T

01/18/2012

Electronic Signature of Signing Officer or Director

Date