

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009051

FILED
Apr 11, 2011
Secretary of State

Entity Name: MIAMI HEALTH SCIENCES LIBRARY CONSORTIUM, INC.

Current Principal Place of Business:

1600 S. ANDREWS AVE
MEDICAL LIBRARY
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1600 S. ANDREWS AVE
MEDICAL LIBRARY
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 14-1913817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, MARY
1600 S. ANDREWS AVE
MEDICAL LIBRARY
FT LAUDERDALE,, FL 33316 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: CD
Name: LAWRENCE, MARY
Address: 1600 S. ANDREWS AVE/MEDICAL LIBRARY
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VCD
Name: BOILARD, DAVID
Address: 11200 SW 8TH ST/MEDICAL LIBRARY
City-St-Zip: MIAMI, FL 33199

Title: SD
Name: DIGIALONARDO, BONNIE
Address: 3200 S UNIVERSITY DRIVE/HPD LIBRARY
City-St-Zip: FT LAUDERDALE, FL 33328

Title: TD
Name: CONNELL, TOM
Address: 7305 N. MILITARY TR/142D
City-St-Zip: W. PALM BCH, FL 33410

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: MARY LAWRENCE

CD

04/11/2011

Electronic Signature of Signing Officer or Director

Date