## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08884

FILED Feb 02, 2009 Secretary of State

Entity Name: MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2810 NW SOUTH RIVER DR MIAMI, FL 33125

**Current Mailing Address: New Mailing Address:** 

2810 NW SOUTH RIVER DR MIAMI, FL 33125

FEI Number: 59-2569847 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOVEI, STEPHANIE K ANDREWS, MARY J 2810 NW SOUTH RIVER DR 2810 NW SOUTH RIVER DR MIAMI, FL 33125 MIAMI, FL 33125

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: MARY J ANDREWS 02/02/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MALONE, OMAR MALONE, OMAR ESQ Name: Name: 2 S BISCAYNE BLVD STE 3100 Address: 2 S BISCAYNE BLVD STE 3100 Address:

MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

City-St-Zip:

Title: VD Title: (X) Change ( ) Addition ( ) Delete WEINTRAUB, SUSAN Name: ISLAMI, JAHAN ESQ Name:

Address: 123 NW 1 AVE 4 FL Address: 123 NW 1 AVE 4 FL City-St-Zip: MIAMI, FL 33128 US City-St-Zip: MIAMI, FL 33128 US

Title: MD () Delete Title: (X) Change ( ) Addition SOLOVEI, STEPHANIE K ANDREWS, MARY J Name: Name:

8830 SW 123 CT I-101 2810 NW SOUTH RIVER DR Address: Address: City-St-Zip: MIAMI, FL 33186 US City-St-Zip: MIAMI, FL 33125 US

Title: TD ( ) Delete Title: () Change () Addition

Name: BOLDUC, ANA C Name: 100 SE 2 ST FL7-950-15-03 Address: Address: City-St-Zip: MIAMI, FL 33129 US City-St-Zip:

Title: PD PD () Delete Title: (X) Change ( ) Addition

SANTINI, SEAN R Name: Name: MUNILLA, NATACHA 1 SE 3 AVE 28 FL 7035 SW 47 ST Address: Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33155 US

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: MARY J ANDREWS MD 02/02/2009