# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 22, 2009**
**Secretary of State**

DOCUMENT# N08935

**Entity Name:** UNITED CEREBRAL PALSY GROUP HOMES, INC.

**Current Principal Place of Business:**

13633 MEMORIAL HWY
N. MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

2700 WEST 81 STREET
HIALEAH, FL 33016 US

**New Mailing Address:**

**FEI Number: 59-2528117** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ROY R. LUSTIG, ESQ.
ONE SE THIRD AVENUE
SUITE 1210
MIAMI, FL 33131 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: CHAI ( ) Delete
Name: BONCHICK, NORMAN
Address: 10743 ST. . ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TREA ( ) Delete
Name: STEINHART, CRAIG
Address: 2501 NE 22 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: VCHA ( ) Delete
Name: RANGEL, RICHARD
Address: 350 EAST LAS OLAS BLVD., SUITE 1130
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: CEME ( ) Delete
Name: SCHILLINGER, JACK
Address: 1225 NE 93 STREET
City-St-Zip: MIAMI, FL 33138

Title: PRES (X) Delete
Name: ANIELLO, JOSEPH A
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH,, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: ANIELLO, JOSEPH PRESCEO
Address: 2700 W 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: SEC (X) Change ( ) Addition
Name: GLUCK, LINDA VP CFO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: TREA (X) Change ( ) Addition
Name: GLUCK, LINDA VP CFO
Address: 2700 W 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: ASEC (X) Change ( ) Addition
Name: TERENZIO, DEBBIE VP COO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

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: JOSEPH A. ANIELLO PRES 10/22/2009

Electronic Signature of Signing Officer or Director — Date