

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09969

FILED
Feb 28, 2011
Secretary of State

Entity Name: SPINAL CORD LIVING-ASSISTANCE DEVELOPMENT, INC.

Current Principal Place of Business:

240 EAST FIRST AVE
STE 122
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

240 EAST FIRST AVE
STE 122
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 59-2626198 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, PEDRO F.
240 E 1 AVE
STE 122
MIAMI, FL 33010 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: VP
Name: RODRIGUEZ, PEDRO F
Address: 2 CIRCLE DRIVE
City-St-Zip: HIALEAH, FL 33010

Title: ST
Name: TIRADO, PABLO
Address: 2844 SW 124TH PLACE
City-St-Zip: MIAMI, FL 33175

Title: P
Name: RODRIGUEZ, ANGELINA P
Address: 2 CIRCLE DRIVE
City-St-Zip: HIALEAH, FL 33010

Title: D
Name: CHANG, ULISES
Address: 1510 PALANCIA
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: MARTIN, ALBERTO
Address: 3901 S.W. 109 AVENUE APT. C-4
City-St-Zip: MIAMI, FL 33165

Title: D
Name: CESPEDES, ROQUE
Address: 250 E 2ND AVE #204
City-St-Zip: HIALEAH, FL 33010

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: ANGELINA P. RODRIGUEZ

P

02/28/2011

Electronic Signature of Signing Officer or Director

Date