

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001597

FILED  
Mar 09, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA AUTISM CHARTER SCHOOL, PTSO, INC.

**Current Principal Place of Business:**

7400 W. 24TH AVENUE  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

4300 N. UNIVERSITY DRIVE  
SUITE C-201  
SUNRISE, FL 33351 US

**New Mailing Address:**

12524 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 27-1909807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRADER, MICHAEL G  
4300 N. UNIVERSITY DRIVE  
SUITE C-201  
SUNRISE, FL 33351 US

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

STRADER, MICHAEL G  
12524 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

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:**

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HEIM, YSELA  
**Address:** 7400 W 24TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33016 US

**Title:** VP  
**Name:** MIR, VIVIAN  
**Address:** 7400 W 24TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33016 US

**Title:** T  
**Name:** FERNANDEZ, MARIO  
**Address:** 7400 W 24TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33016 US

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:** MICHAEL STRADER

RA

03/09/2012

Electronic Signature of Signing Officer or Director

Date