2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLORIDA ASSOCIATION FOR MEDICALLY FRAGILE CHILDREN, INC.

Current Principal Place of Business:

1801 EAST ATLANTIC AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1801 EAST ATLANTIC AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

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

Name and Address of Current Registered Agent:

EVANS, MARJORIE
1801 EAST ATLANTIC AVENUE
POMPANO BEACH, FL 33060 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: D
Name: EVANS, MARJORIE
Address: 1801 EAST ATLANTIC AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: NEWMAN, ROBERT
Address: 1801 EAST ATLANTIC AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: WRONOWSKI, DENISE
Address: 1801 EAST ATLANTIC AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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: DENISE WRONOWSKI DIR 04/04/2011

Electronic Signature of Signing Officer or Director — Date