2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2008 8:00 am Secretary of State

DOCUMENT # N13141 1. Entity Name COLOTT MEMORIAL CENTER EQUINDATION INC.					03-18-2008 90025 001 ***122.50				
	MEMORIAL CENTER FOU	NDATION, INC.							
5	k .	and the second s							
Principal Place of Business 6591 SW 124TH AVE FT. LAUDERDALE, FL 33330 US		Mailing Address 6591 SW 124TH AVE FT. LAUDERDALE, FL 33330		US	183		13 IIBE 3 (8)) 11(9 5) 4(1	M GIBIN BIBIN BIBI	
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132008 C	hg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Number 59-27988	16			plied For
Zip	Country	Zip	Cou	entry	5. Certificate of S	tatus Desire		\$8.75 Add Fee Required	litional
	6. Name and Address of Current	Registered Agent		.	7. Name and Ad	dress of Ne	w Registered	Agent	
FITZGERALD, J. PATRICK 110 MERRICK WAY			Name Street Addr		s (P.O. Box Number is Not Acceptable)				
SUITE 2-C CORAL GA	ABLES, FL 33134								
				City			FL	Zip Code	₽
	named entity submits this statement fo	r the purpose of changing its	s registere	L ad office or regis	stered agent, or both, ir	the State o	Florida. I am	familiar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature requ	uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees	F	DATE Make checi Florida Depar		
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Thereby certify that the information supplied with rins liting does not quality for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CASALE

954-434-3306