

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18371

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** DADE DIRECTORS OF VOLUNTEERS IN AGENCIES (DADE DOVIA), INC.

**Current Principal Place of Business:**

MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 59-2391955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: HEYMAN, LYNN  
Address: 3100 SW 62ND AVE  
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: OSI-COHEN, OFI  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Change (X) Addition  
Name: DIAMOND, LAUREN  
Address: 1265 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

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: LYNN HEYMAN

VP

09/04/2007

Electronic Signature of Signing Officer or Director

Date