

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N19208

FILED
Mar 14, 2008
Secretary of State

Entity Name: TRANSPLANT FOUNDATION, INC.

Current Principal Place of Business:

701 SW 27TH AVE.
STE. 704
MIAMI, FL 33135

New Principal Place of Business:

701 SW 27TH AVE.
STE. 705
MIAMI, FL 33135

Current Mailing Address:

% ELI COMPTON, EXECUTIVE DIRECTOR
STE. 704
MIAMI, FL 33135

New Mailing Address:

701 SW 27TH AVE.
STE. 705
MIAMI, FL 33135

FEI Number: 59-2767754 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:

BARASH, A. JEFFREY
BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR, FL 33154 US

Name and Address of New Registered Agent:

COMPTON, ELI
TRANSPLANT FOUNDATION
701 SW 27TH AVE, STE 705
MIAMI, FL 33135 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: ELI COMPTON

03/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DARCANGELO, ARMOND J JR.
Address: P.O. BOX 016960
City-St-Zip: MIAMI, FL 33101

Title: PED () Delete
Name: KLEIN, PAUL
Address: 1525 BREAKWATER TERRACE
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPD () Delete
Name: BARASH, A. JEFFREY
Address: 1140 KANE CONCOURSE - 4TH FL
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: TD () Delete
Name: LOWENSTEIN, ELLIOT
Address: 2100 SALZEDO ST. STE. 303
City-St-Zip: COROL GABLES, FL 33134

Title: SD () Delete
Name: ROISMAN, JOSEPH
Address: 3000 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: IPP () Delete
Name: KOLSKY, ALLAN
Address: 1175 N.E. 125TH ST., STE. 103
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ELI COMPTON

MRS

03/14/2008

Electronic Signature of Signing Officer or Director

Date