

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19754

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

C/O LINDA M. SMITH, ESQ.  
11900 BISCAYNE BLVD. 503  
NORTH MIAMI, F 33181 US

**Current Mailing Address:**

C/O LINDA M. SMITH, ESQ.  
11900 BISCAYNE BLVD. 503  
NORTH MIAMI, F 33181 US

**New Principal Place of Business:**

C/O LINDA M. SMITH, ESQ.  
11900 BISCAYNE BLVD. SUITE 503  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

C/O LINDA M. SMITH, ESQ.  
11900 BISCAYNE BLVD. SUITE 503  
NORTH MIAMI, FL 33181 US

**FEI Number:** 59-2794479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LINDA M ESQ.  
11900 BISCAYNE BLVD  
SUITE 503  
NORTH MIAMI, FL 33181 US

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

SMITH, LINDA M ESQ.  
1509 NE 105 STREET  
MIAMI SHORES, FL 33138 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: LINDA M SMITH

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FORBES, LAURIE  
Address: 555 NE 34 STREET #1609  
City-St-Zip: MIAMI, FL 33137

Title: SD ( ) Delete  
Name: ROCK, ELLEN  
Address: 8585 SUNSET DRIVE #60  
City-St-Zip: MIAMI, FL 33143

Title: TD ( ) Delete  
Name: SELIGMAN, SHIRLEY  
Address: 4505 SW 89 AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: AS ( ) Delete  
Name: SMITH, LINDA M  
Address: 11900 BISCAYNE BLVD. SUITE 503  
City-St-Zip: MIAMI, FL 33181

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA M SMITH

AS

04/29/2005

Electronic Signature of Signing Officer or Director

Date