

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19754

FILED  
Feb 18, 2010  
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. SUITE 503  
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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.  
1509 NE 105 STREET  
MIAMI SHORES, FL 33138 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: PD  
Name: ELIAS, RONNIE  
Address: 20281 E COUNTRY CLUB DRIVE #1906  
City-St-Zip: AVENTURA, FL 33180

Title: TD  
Name: ROCK, ELLEN  
Address: 6030 SW 93 AVE  
City-St-Zip: MIAMI, FL 33173

Title: S  
Name: HARRIS, GAIL  
Address: 5725 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33139

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: ELLEN ROCK

TD

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date