

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27128

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MIAMI QUALITY CARE FOR THE EXCEPTIONAL FOR NON - PROFIT INCORPORATED

**Current Principal Place of Business:**

3155 SW 19 STREET  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

750 W 50TH STREET  
NORTH MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:** 65-0083416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KROK, GISEL  
3155 SW 19 STREET  
MIAMI, FL 33145 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: SD  
Name: MANTILLA, LISANDRO G.  
Address: 6601 SW 137 CT 2A  
City-St-Zip: MIAMI, FL 33175

Title: PVD  
Name: KROK, GISEL C.  
Address: 750 W. 50TH STREET  
City-St-Zip: MIAMI, FL 33140

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: KROK, GISEL C

PVD

01/06/2010

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

\_\_\_\_\_  
Date