

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38239

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RESEARCH AND EDUCATION, INC.

**Current Principal Place of Business:**

1201 NW 16TH ST  
#2A103B  
MIAMI, FL 33125 US

**New Principal Place of Business:**

1201 NW 16TH ST  
#2A103  
MIAMI, FL 33125 US

**Current Mailing Address:**

1201 NW 16TH ST  
#2A103B  
MIAMI, FL 33125 US

**New Mailing Address:**

1201 NW 16TH ST  
#2A103  
MIAMI, FL 33125 US

**FEI Number:** 65-0207903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RACKEAR, GARY S ATTY.  
5975 SUNSET DRIVE  
STE 706  
SOUTH MIAMI, FL 33143 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: D  
Name: BERROCAL, MARY D MBA  
Address: 1201 NW 16TH ST  
City-St-Zip: MIAMI, FL 33125

Title: D/C  
Name: JACKSON, ROBERT M M.D.  
Address: 1201 NW 16TH ST  
City-St-Zip: MIAMI, FL 33125

Title: D  
Name: VARA, JOHN R M.D.  
Address: 1201 NW 16TH ST  
City-St-Zip: MIAMI, FL 33125

Title: AED  
Name: GONZELEZ, LUIS MHA  
Address: 1201 NW 16TH STREET  
City-St-Zip: MIAMI, FL 33125

Title: D  
Name: ROSNER, CURT A CPA  
Address: 1201 NW 16TH STREET  
City-St-Zip: MIAMI, FL 33125

Title: D  
Name: RECTOR, BRANSON P  
Address: 1201 NW 16TH STREET  
City-St-Zip: MIAMI, FL 33125

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: ROBERT M. JACKSON, MD

D/C

04/16/2010

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

\_\_\_\_\_  
Date