2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38657

FILED Apr 14, 2009 Secretary of State

Entity Name: HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.

Current Principal Place of Business: New Principal Place of Business:

540 NW 165 STREET RD 5702 NW 7TH AVENUE 306

MIAMI, FL 33161 MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

12555 NW 1 AVENUE 12555 NW 1ST AVENUE MIAMI, FL 33168 MIAMI, FL 33168

FEI Number: 65-0203195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SAINTSURIN, JIMMY ANTOINE, YOLETTE 7700 PLANTATION BLVD 18510 NW 28 PL

OPA-LOCKA, FL 33056 MIRAMAR, FL 33023 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: YOLETTE ANTOINE 04/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ANTOINE, YOLETTE ANTOINE, YOLETTE Name: Name: 12555 NW 1 AVENUE Address: 7700 PLANTATION BLVD Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIRAMAR, FL 33023

(X) Change () Addition Title: () Delete Title:

SAINTSURIN, JAMES Name: JEAN, JACQUELINE Name: Address: 18510 NW 28 PLACE Address: 12555 NW 1ST AVENUE City-St-Zip: OPA-LOCKA, FL 33056 US City-St-Zip: MIAMI, FL 33168 US

Title: () Delete Title: (X) Change () Addition

JEAN, JACQUELINE CHAPIESKY, LÍSNA Name: Name: 12555 NW 1 AVENUE 12555 NW 1 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33168 US City-St-Zip: MIAMI, FL 33168 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: ISLER, SHONTRELLE Name: ANTOINE, JEANNETTE 18510 NW 28 PLACE 6151 MIRAMAR PARKWAY Address: Address: City-St-Zip: OPA-LOCKA, FL 33056 US City-St-Zip: MIRAMAR, FL 33023 US

Title: MD () Delete Title: (X) Change () Addition

MORISMA, DANIEL SAINTSURIN, JIMMY Name: Name: 4100 CORP SQ 18510 NW 28TH PLACE Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: MIAMI GARDENS, FL 33056

Title: (X) Delete Title: () Change () Addition

ANTOINE, JEANNETTE Name: Name: Address: 12555 NW 1 AVENUE Address: MIAMI, FL 33168 City-St-Zip: 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: YOLETTE ANTOINE PD 04/14/2009

Electronic Signature of Signing Officer or Director

Date