2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N40855

Entity Name: UNITED CEREBRAL PALSY OF PALM BEACH & MID-COAST COUNTIES, INC.

Current Principal Place of Business:

3595 2 AVENUE NORTH
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2700 W. 81 STREET
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0229776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUSTIG, ROY R
2600 DOUGLAS ROAD
908
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LUSTIG, ROY R
ONE SE THIRD AVE
1210 SUNTRUST INTERN'L CENTRE
MIAMI, FL 33131 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: _____ 01/16/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: RANGEL, RICHARD
Address: 25 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: PMD ( ) Delete
Name: ANIELLO, JOSEPH A
Address: 2700 WEST 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: CD ( ) Delete
Name: BONCHIK, NORMAN
Address: 10742 ST. ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33442

Title: TD ( ) Delete
Name: STEINHART, CRAIG
Address: 2501 N.E. 22ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VCD ( ) Delete
Name: SPIVAK, RUTH
Address: 7290 KINGHURST DR., #310
City-St-Zip: DELRAY BEACH, FL 33446

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:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOSEPH A. ANIELLO PRES 01/16/2008
Electronic Signature of Signing Officer or Director — Date