

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49983

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ROBERTSON MEMORIAL CHURCH, INC.

**Current Principal Place of Business:**

261 NE 23RD STREET  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

261 NE 23RD STREET  
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WEBER, PAOLA B PCMD  
261 NE 23RD STREET  
MIAMI, FL 33137 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: PCMD  
Name: WEBER, PAOLA B PCMD  
Address: 261 NE 23RD STREET  
City-St-Zip: MIAMI, FL 33137

Title: MD  
Name: BUKAWYN, MYRIAM MD  
Address: 261 NE 23RD STREET  
City-St-Zip: MIAMI, FL 33137 US

Title: MD  
Name: SANTANA, HENRY MD  
Address: 261 NE 23RD STEET  
City-St-Zip: MIAMI, FL 33137

Title: MD  
Name: LATHAM, PAMELA MD  
Address: 261 NE 23RD STREET  
City-St-Zip: MIAMI, FL 33137

Title: SMD  
Name: CASTILLO, SANDRA F SMD  
Address: 261 NE 23RD STREET  
City-St-Zip: MIAMI, FL 33137 US

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: DR. PAOLA B. WEBER

PCMD

04/30/2012

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

\_\_\_\_\_  
Date