
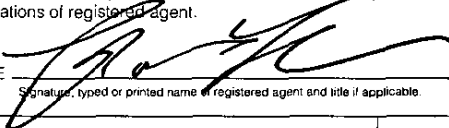



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90004 045 ****70.00

DOCUMENT # N50367 1. Entity Name CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.					
Principal Place of Business 6660 BISCAYNE BLVD 1ST FLOOR MIAMI, FL 33138 US			Mailing Address 6660 BISCAYNE BLVD 1ST FLOOR MIAMI, FL 33138 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREENE, KELLY ED 6660 BISCAYNE BLVD 1ST FLOOR MIAMI, FL 33138			Name MICHAEL LANHAM ESQ Street Address (P.O. Box Number is Not Acceptable) 19 W. FLAGLER ST., #102 City Miami FL Zip Code 33130		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Michael F. Lanham <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/15/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, ALVIN WM 1201 NW 16 STREET MIAMI, FL 33125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WATSON, DARLENE MSW 7301 LOCH ISLES DR., S. MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDFARB, GREGG JD 19 WEST FLAGLER STREET, SUTE 703 MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAER, ROCHELLE A MSW 1581 BRICKELL AVENUE, APT 2107 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRATZKE, BARBARA BA 2680 SE 7 PLACE HOMESTEAD, FL 33033	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSNE, ROBERT PHD 10765 SW 104 STREET MAIMI, FL 33176	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-14-04 Daytime Phone # 305-751-8025		