

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50367

FILED
Apr 13, 2011
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6660 BISCAYNE BLVD
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

6660 BISCAYNE BLVD
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 65-0379532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREENE, KELLY
12 NW 116 STREET
MIAMI, FL 33168 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: BP
Name: ROBERTS, ALVIN
Address: 6660 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138 US

Title: DS
Name: BAER, ROCHELLE L.C.S.W
Address: 1581 BRICKELL AVE., APT. 2107
City-St-Zip: MIAMI, FL 33129 US

Title: DT
Name: ALFANO, JOSEPH M.B.A.
Address: 720 CORAL WAY, APT. 2-B
City-St-Zip: MIAMI, FL 33134 US

Title: D
Name: GOLDFARB, GREGG J.D.
Address: 1111 BRICKELL AVENUE, SUITE 2050
City-St-Zip: MIAMI, FL 33131 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: KELLY GREENE

EXEC

04/13/2011

Electronic Signature of Signing Officer or Director

Date