2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50367

FILED Mar 20, 2012 Secretary of State

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

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

6660 BISCAYNE BLVD MIAMI, FL 33138 US

Current Mailing Address: New Mailing Address:

6660 BISCAYNE BLVD MIAMI, FL 33138 US

FEI Number: 65-0379532 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:

GREENE, KELLY 12 NW 116 STREET MIAMI, FL 33168 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:

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: BVP

Name: GOLDFARB, GREGG J.D.
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134 US

Title: BDS

Name: PRUESSMAN, DONALD R M.A. Address: 1500 NW 12 AVE, ROOM 1505

City-St-Zip: MIAMI, FL 33136 US

Title:

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

Title:

Name: BAER, ROCHELLE M.S.W. Address: 1581 BRICKELL AVE., APT 2107

City-St-Zip: MIAMI, FL 33129 US

Title: [

 Name:
 BOCHI, PATRICIA J.D.

 Address:
 25 SE 2 AVE., SUITE 1101

 City-St-Zip:
 MIAMI, FL 33121 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 03/20/2012