## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N50367

FILED Sep 18, 2003 Secretary of State

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

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

501 NE FIRST AVE 6660 BISCAYNE BLVD

1ST FLOOR STE 102

MIAMI, FL 33132 MIAMI, FL 33138

**Current Mailing Address:** New Mailing Address:

501 NE FIRST AVE 6660 BISCAYNE BLVD 1ST FLOOR STE 102

MIAMI, FL 33132 US MIAMI, FL 33138 US

FEI Number: 65-0379532 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LANHAM, MICHAEL F. GREENE, KELLY ED 6660 BISĆAYNE BLVD 501 NE FÎRST AVE SUITE 102 1ST FLOOR

MIAMI, FL 33138 US MIAMI, FL 33132 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: KELLY GREENE 09/18/2003

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change ( ) Addition () Delete

ROBERTS, ALVIN WN ROBERTS, ALVIN WM Name: Name: 1201 NW 16 STREET Address: 1201 NW 16 STREET Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125 US

Title: () Delete Title: (X) Change ( ) Addition ALFAND, JOSEPH Name: WATSON, DARLENE MSW Name: Address: 720 CORAL WAY 2B Address: 7301 LOCH ISLES DR., S. City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI LAKES, FL 33014 US

Title: () Delete Title: (X) Change ( ) Addition WATSON, DARLENE GOLDFARB, GREGG JD Name: Name:

7301 LOCH ISLE DR SOUTH 19 WEST FLAGER STREET, SUTE 703 Address: Address:

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI, FL 33130 US

Title: () Delete Title: DT (X) Change ( ) Addition LESSNE, ROBERT Name: Name: BAER, ROCHELLE A MSW

10765 SW 104 ST. 1581 BRICKELL AVENUE, APT 2107 Address: Address: MIAMI, FL 33176 MIAMI, FL 33129 US

City-St-Zip: City-St-Zip:

Title: DS () Delete Title: (X) Change ( ) Addition

MANDER, STEPHEN GRATZKE, BARBARA BA Name: Name: 155 SOUTH MIAMI AVE. 9TH FLOOR 2680 SE 7 PLACE Address: Address:

HOMESTEAD, FL 33033 US City-St-Zip: MIAMI, FL 33128 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

LESSNE, ROBERT PHD GAEBE, JOHN Name: Name: Address: 3211 PONCE DE LOEN BLVD. SUITE 201 Address: 10765 SW 104 STREET MIAMI, FL 33134 City-St-Zip: MAIMI, FL 33176 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLY GREENE ED 09/18/2003 DONALS R. PRUESSMAN, MA JACKSON MEDICAL TOWERS 1500 NW 12 AVENUE, ROOM 1505 MAIMI, FL 33136

BARBARA MOSS, MS 3090 SW 140 AVENUE MIRAMAR, FL 33027

JOHN GAEBE, JD 3211 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134

IDA TAFARI, PH D 3014 FLORIDA AVENUE COCONUT GROVE, FL 33133

JOSEPH ALFANO, MBA 720 CORAL WAY APT 2-B CORAL GABLES, FL 33134

JUDGE STEPHEN MANDER, JD 155 S. MIAMI AVENUE 9TH FLOOR MIAMI, FL 33128