

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003965

FILED
Apr 27, 2009
Secretary of State

Entity Name: SAGE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8333 W MCNAB RD
239
TAMARAC, FL 333213203 US

New Principal Place of Business:

Current Mailing Address:

8333 W MCNAB RD
239
TAMARAC, FL 333213203 US

New Mailing Address:

FEI Number: 65-0516222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, HENRY
4380 NW 67TH CT
COCONUT CREEK, FL 33073 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: PRES () Delete
Name: JOHNSON, JEAN
Address: 1610 N 28TH CT
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP () Delete
Name: GOODMAN, KENNETH
Address: 591 W PALM AIRE DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: TREA () Delete
Name: BROOKS, HENRY
Address: 4380 NW 67TH CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: SEC () Delete
Name: PRISCAK, BETTY
Address: 1610 N 28TH CT
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GALLI, CARL
Address: 320 NORTH PALM AIRE DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: SMITH, ANN
Address: 941D NW 30 AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HENRY BROOKS

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date