2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2009
Secretary of State

DOCUMENT# N96000002752

Entity Name: SOUTH FLORIDA COUNCIL FOR CHILD & ADOLESCENT PSYCHIATRY, INC.

Current Principal Place of Business:

275 GLENRIDGE RD
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

275 GLENRIDGE RD
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 65-0708430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROTHE, EUGENIO
275 GLENRIDGE RD
KEY BISCAYNE, FL 33149 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: PD ( ) Delete
Name: ROTHE, EUGENIO
Address: 275 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP ( ) Delete
Name: LOPEZ-BRIGNONI, EVELYN
Address: 9500 S. DADELAND BLVD #604
City-St-Zip: MIAMI, FL 33156

Title: S (X) Delete
Name: MARTINEZ-CASUSO, ROSA
Address: 800 COPRI ST #201
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: EUGENIO M. ROTHE M.D. PRES 06/21/2009
Electronic Signature of Signing Officer or Director — Date