

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006989

FILED
May 01, 2009
Secretary of State

Entity Name: FLORIDA COALITION FOR SCHOOL-BASED HEALTH CARE, INC.

Current Principal Place of Business:

9064 NW 13 TERRACE
DORAL, FL 33172

New Principal Place of Business:

1550 MADRUGA AVENUE
SUITE 215
CORAL GABLES, FL 33146

Current Mailing Address:

JTMF SCHOOL HEALTH INITIATIVE
P.O. BOX 016700 (R700)
MIAMI, FL 33101

New Mailing Address:

1550 MADRUGA AVENUE
SUITE 215
CORAL GABLES, FL 33146

FEI Number: 31-1710797 **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:

UDELL, MICHAEL B ESQ.
5400 S UNIVERSITY DR
STE #117
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

MORGAN-SMITH, GINA E
1550 MADRUGA AVENUE
SUITE 215
CORAL GABLES, FL 33146 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: GINA MORGAN-SMITH, MD

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOWLES, JACQUELYN C LCSW
Address: 9064 NW 13 TERRACE
City-St-Zip: DORAL, FL 33172

Title: VP (X) Delete
Name: WATSON, DEBIE
Address: 220 EDINBURGH DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Delete
Name: DEVINE, CAROL ANN ARNP
Address: 826 EVERNIA STREET, #207
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORGAN-SMITH, GINA E MD
Address: PO BOX 4352
City-St-Zip: HALLANDALE, FL 33008

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: GINA MORGAN-SMITH, MD

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date