## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006989

**FILED** May 01, 2012 Secretary of State

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

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

1550 MADRUGA AVENUE SUITE 215 CORAL GABLES, FL 33146

**Current Mailing Address: 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 ( )

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

MORGAN-SMITH, GINA E 1550 MADRUGA ÁVENUE 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

MORGAN-SMITH, GINA E MD Name:

Address: PO BOX 4352

City-St-Zip: HALLANDALE, FL 33008

Title:

Name: BLACKBURN, MAGGIE Address: PO BOX 4352

HALLANDALE, FL 33008 City-St-Zip:

Title: VΡ

TYLER, TIM Name: Address: PO BOX 4352

City-St-Zip: HALLANDALE, FL 33008

Title:

Name: SIMMONS, DENISE Address: PO BOX 4352

City-St-Zip: HALLANDALE, FL 33008

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: GINA E MORGAN-SMITH T 05/01/2012