

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081712

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: ST. MARY'S SCHOOL OF MEDICINE FOUNDATION, INC.

## Current Principal Place of Business:

20533 BISCAYNE BLVD.  
BOX #1315  
AVENTURA, FL 33180

## New Principal Place of Business:

20533 BISCAYNE BLVD.  
PMB #1315  
AVENTURA, FL 33180

## Current Mailing Address:

20533 BISCAYNE BLVD.  
BOX #1315  
AVENTURA, FL 33180

## New Mailing Address:

20533 BISCAYNE BLVD.  
PMB #1315  
AVENTURA, FL 33180

FEI Number: 65-1035809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGER, BERNARD A  
3107 STIRLING ROAD SUITE #105  
FORT LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HUBBART, DWANE  
Address: 20533 BISCAYNE BLVD.  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: GOVENDER, KAMANI  
Address: 20533 BISCAYNE BLVD.  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HUBBART, DWANE  
Address: 20533 BISCAYNE BLVD.# 1315  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Change ( ) Addition  
Name: GOVENDER, KAMANI  
Address: 20533 BISCAYNE BLVD. # 1315  
City-St-Zip: AVENTURA, FL 33180

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAMANI GOVENDER

D

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date