

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707228

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC8119085350**

**Entity Name:** INSTITUTE FOR CHILD AND FAMILY HEALTH, INC.

**Current Principal Place of Business:**

15490 N.W. 7TH AVENUE  
SUITE 200  
MIAMI, FL 33169

**Current Mailing Address:**

15490 N.W. 7TH AVENUE  
SUITE 200  
MIAMI, FL 33169

**FEI Number:** 59-0866060

**Certificate of Status Desired:** Yes

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

PHILLIPS, IRENE M  
331 NW 83 WAY  
PEMBROKE PINES, FL 33024 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

**Officer/Director Detail :**

Title P  
Name MAKAR, STEPHEN J  
Address 9130 S DADELAND #1400  
City-State-Zip: MIAMI FL 33156

Title T  
Name SOTOLONGO, EMIL  
Address 9340 SW 34 STREET  
City-State-Zip: MIAMI FL 33165

Title VP  
Name LANDA, HENRY E  
Address 10774 SW 133RD TERRACE  
City-State-Zip: MIAMI FL 33176

Title CEO  
Name GONZALEZ, JUAN C  
Address 16260 W TROON CIRCLE  
City-State-Zip: MIAMI LAKES FL 33014

Title ATTY  
Name CANDIB, MAUREEN  
Address 10101 COLLINS AVE #17B  
City-State-Zip: BAL HARBOUR FL 33154

Title CFO  
Name PHILLIPS, IRENE M  
Address 331 NW 83 WAY  
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY  
Name GRAUPERA, ARMANDO  
Address 3451 SW 109 AVE  
City-State-Zip: MIAMI FL 33165

*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:** IRENE PHILLIPS

CFO

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date