2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707228

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

FILED
Mar 19, 2014
Secretary of State
CC8119085350

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 Title

NameMAKAR, STEPHEN JNameSOTOLONGO, EMILAddress9130 S DADELAND #1400Address9340 SW 34 STREETCity-State-Zip:MIAMI FL 33156City-State-Zip:MIAMI FL 33165

Title VP Title CEO

NameLANDA, HENRY ENameGONZALEZ, JUAN CAddress10774 SW 133RD TERRACEAddress16260 W TROON CIRCLECity-State-Zip:MIAMI FL 33176City-State-Zip: MIAMI LAKES FL 33014

Title ATTY Title CFO

NameCANDIB, MAUREENNamePHILLIPS, IRENE MAddress10101 COLLINS AVE #17BAddress331 NW 83 WAY

City-State-Zip: BAL HARBOUR FL 33154 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