

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707228

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC5386063636**

**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 US

**FEI Number:** 59-0866060

**Certificate of Status Desired:** Yes

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

SILVERMAN, ALAN  
C/O ICFH  
15490 N.W. 7TH AVENUE, STE 200  
MIAMI, FL 33169 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	PRESIDENT
Name	LANDA, HENRY E
Address	10774 SW 133RD TERRACE
City-State-Zip:	MIAMI FL 33176
Title	CEO
Name	SCHUMER, SUZANNE
Address	C/O ICFH 15490 N.W. 7TH AVENUE, STE 200
City-State-Zip:	MIAMI FL 33169
Title	TREASURER
Name	GARLAND, THOMAS
Address	1216 DOVE AVENUE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	SECRETARY
Name	GRAUPERA, ARMANDO
Address	C/O ICFH 15490 N.W. 7TH AVENUE, STE 200
City-State-Zip:	MIAMI FL 33169
Title	V
Name	MAKAR, STEPHEN J
Address	C/O ICFH 15490 N.W. 7TH AVENUE, STE 200
City-State-Zip:	MIAMI FL 33169
Title	GENERAL COUNSEL
Name	MCGHIE, KAREN
Address	15490 N.W. 7TH AVENUE SUITE 200
City-State-Zip:	MIAMI FL 33169

*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:** HENRY LANDA

**PRESIDENT**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date