

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707228

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 PRESIDENT
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

Title TREASURER
Name GARLAND, THOMAS
Address 1216 DOVE AVENUE
City-State-Zip: MIAMI SPRINGS FL 33166

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

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date