

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001406

Entity Name: MARGAUX'S MIRACLE FOUNDATION, INC.**Current Principal Place of Business:**2601 NW 29TH DR
BOCA RATON, FL 33434**Current Mailing Address:**2601 NW 29TH DR
BOCA RATON, FL 33434**FEI Number:** 04-3643503**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROTH, NEAL AESQ.
GROSSMAN AND ROTH, P.A.
2525 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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	DR
Name	KALLOS, NILZA MD
Address	6280 SUNSET DRIVE SUITE 603
City-State-Zip:	MIAMI FL 33143

Title	DR
Name	KALSTONE, CHARLES MD
Address	6141 SUNSET DRIVE SUITE 401
City-State-Zip:	MIAMI FL 33143

Title	ED
Name	RUTTENBERG, ROCHELLE G
Address	2601 NW 29TH DRIVE
City-State-Zip:	BOCA RATON FL 33434

Title	VP
Name	SHEINBAUM, SHARON
Address	6910 NW 104 LANE
City-State-Zip:	PARKLAND FL 33076

Title	C
Name	GROSSMAN, STUART
Address	2525 PONCE DE LEON
City-State-Zip:	CORAL GABLES FL 33134

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: ROCHELLE G RUTTENBERG

ED

01/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date