

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009051

**Entity Name:** MIAMI HEALTH SCIENCES LIBRARY CONSORTIUM, INC.

**Current Principal Place of Business:**

11200 SW 8TH ST.  
FIU MEDICAL LIBRARY - GL 323  
MIAMI, FL 33199

**Current Mailing Address:**

11200 SW 8TH ST.  
FIU MEDICAL LIBRARY - GL 323  
MIAMI, FL 33199

**FEI Number:** 14-1913817

**Certificate of Status Desired:** Yes

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

BOILARD, DAVID W  
11200 SW 8TH ST.  
FIU MEDICAL LIBRARY - GL 323  
MIAMI, FL 33199 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 CD  
Name BOILARD, DAVID W  
Address 11200 SW 8TH ST. - GL 323  
City-State-Zip: MIAMI FL 33199  
  
Title SD  
Name DIGIALONARDO, BONNIE  
Address 777 GLADES ROAD - LIBRARIES  
City-State-Zip: FT LAUDERDALE FL 33431

Title VCD  
Name REYNOLDS, JOHN  
Address 8900 N. KENDALL DR. - MEDICAL  
LIBRARY  
City-State-Zip: MIAMI FL 33176  
  
Title TD  
Name DOLINSKY, LUDA  
Address 11200 SW 8TH ST. - GL 323  
City-State-Zip: MIAMI FL 33199

*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:** DAVID W. BOILARD

**CHAIR**

**04/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date