

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N50367

**Entity Name:** CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

6660 BISCAYNE BLVD  
MIAMI, FL 33138

**Current Mailing Address:**

6660 BISCAYNE BLVD  
MIAMI, FL 33138 US

**FEI Number:** 65-0379532

**Certificate of Status Desired:** No

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

GREENE, KELLY  
12 NW 116 STREET  
MIAMI, FL 33168 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 DIRECTOR-P  
Name ROBERTS, ALVIN  
Address 6660 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR-SECRETARY  
Name WERNER, TIMOTHY PHD  
Address 2250 N.W. 161 TERRACE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name BOCHI, PATRICIA ESQ.  
Address 25 SE 2 AVE., SUITE 1101  
City-State-Zip: MIAMI FL 33121

Title DIRECTOR  
Name GRATZKE, BARBARA  
Address 2660 S.E. 7 PLACE  
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR-VP  
Name GOLDFARB, GREGG ESQ.  
Address 701 S.W. 27 AVENUE  
901  
City-State-Zip: MIAMI FL 33135

Title DIRECTOR  
Name ALFANO, JOSEPH  
Address 720 CORAL WAY, APT 2-B  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR-TREASURER  
Name WEISS, JAY  
Address WEISS CONSULTING GROUP  
210000 WEST BAY HARBOR DRIVE  
City-State-Zip: BAY HARBOR ISLES FL 33154

Title DIRECTOR  
Name MANDER, STEPHEN JUDGE  
Address 8535 S/W/ 164 STREET  
City-State-Zip: MIAMI FL 33156

**Continues on page 2**

*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:** KELLY GREENE

**EXECUTIVE DIRECTOR**

**03/27/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OAKS, EARL ESQ.  
Address 910 WEST AVENUE  
334  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name GREENE, KELLY  
Address 12 N.W. 116 STREET  
City-State-Zip: MIAMI FL 33168

Title DIRECTOR  
Name SKINNER, CHERNO  
Address 780 N.W. 42 AVENUE  
City-State-Zip: MIAMI FL 33126