

2014 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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 PRUESSMAN, DONALD
Address 1500 NW 12 AVE, ROOM 1505
City-State-Zip: MIAMI FL 33136

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

Title DIRECTOR
Name GRANDA, JOSE
Address 2210 S.W. 17 STREET
City-State-Zip: MIAMI FL 33145

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

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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**EXC. DIRECTOR****02/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HIX, SANDRA
Address 8211 S.W. 30 STREET
City-State-Zip: MIAMI FL 33155

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

Title DIRECTOR
Name THOMAS, ANN ESQ.
Address 465 OCEAN DRIVE
516
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 MANDER, STEPHEN JUDGE
Address 8535 S/W/ 164 STREET
City-State-Zip: MIAMI FL 33156

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

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