

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N50367

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

Current Principal Place of Business:

4770 BISCAYNE BLVD
150
MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD
150
MIAMI, FL 33137 US

FEI Number: 65-0379532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'CONNELL, PETER
4770 BISCAYNE BLVD
150
MIAMI, FL 33137 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: PETER O'CONNELL

11/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROBERTS, ALVIN
Address 6660 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

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

Title DIRECTOR, SECRETARY
Name BLAIRE, BONNIE
Address 2655 S. LEJEUNE ROAD
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, PRESIDENT
Name GOLDFARB, GREGG ESQ.
Address 19 WEST FLAGLER ST,
UNIT 1212
City-State-Zip: MIAMI FL 33130

Title DIRECTOR
Name CHIERNO, SKINNER
Address 780 NW 42 AVE
City-State-Zip: MIAMI FL 33126

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: GREGG GOLDFARB

PRESIDENT

11/25/2019

Electronic Signature of Signing Officer/Director Detail

Date