2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N02000001031

Entity Name: CCI HEALTH CONNECTION, INC.

Current Principal Place of Business:

2527 OPA LOCKA, FLORIDA
OPA L:OCKA,, FL 33054

New Principal Place of Business:

P.O. BOX 8827
MIRAMAR, FL 33027

Current Mailing Address:

PO BOX 541575
OPA LOCKA, FL 33054

New Mailing Address:

PO BOX 8827
MIRAMAR, FL 33027

FEI Number: 59-2193820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINCEY, JUANITA A
12868 N.W. 21ST
MIRAMAR, FL 33054 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SEABROOKS, PATRICIA A DR.
Address: 2527 OPA LOCKA BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: VS ( ) Delete
Name: MINCEY, JUANITA B REV.
Address: 2527 OPA LOCKA BOULEVARD
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: SEABROOKS, WILLIE REV
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 330253580

Title: DT ( ) Delete
Name: MINCEY-MILLS, DENISE
Address: 12868 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: CARTER, ANN D
Address: 2527 OPA LOCKA BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: ZAFAR, FATIMA M.D.
Address: 2527 OPA LOCKA BOULEVARD
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SEABROOKS, PATRICIA A DR.
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: VS (X) Change ( ) Addition
Name: MINCEY, JUANITA B REV.
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition
Name: SCOTT, ELIZABETH
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: DT (X) Change ( ) Addition
Name: MINCEY-MILLS, DENISE
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition
Name: CARTER, ANN D
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition
Name: ZAFAR, FATIMA M.D.
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUANITA MINCEY VS 04/14/2005

Electronic Signature of Signing Officer or Director — Date