

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

DOCUMENT# 712996

**Entity Name:** ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.

**Current Principal Place of Business:**

700 S ROYAL POINCIANA BLVD  
300  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

700 S ROYAL POINCIANA BLVD  
300  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 59-1235617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLYNE, REGINALD J  
C/O CLYNE & SELF, P.A.  
2600 DOUGLAS RD., SUITE 1100  
CORAL GABLES, FL 33134 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: T                    ( ) Delete  
Name: LOMAS, DERRICK L  
Address: 700 S ROYAL POINCIANA BLVD STE 300  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: C                    ( ) Delete  
Name: SEABROOKS, PATRICIA A  
Address: 700 S ROYAL POINCIANA BLVD, SUITE 300  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VCTD                ( ) Delete  
Name: LABROUSSE, THAMARA  
Address: 700 S ROYAL POINCIANA BLVD SUITE 300  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD                ( ) Delete  
Name: ARENCIBIA, RAUL A  
Address: 700 S. ROYAL POINCIANA BLVD, SUITE 300  
City-St-Zip: MIAMI, FL 33166

Title: D                    ( ) Delete  
Name: MOORE, ALVIN D JR  
Address: 700 SOUTH ROYAL POINCIANA BLVD, STE 300  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: M                    ( ) Delete  
Name: NEASMAN, ANNIE R  
Address: 700 S ROYAL POINCIANA BLVD, STE 300  
City-St-Zip: MIAMI SPRINGS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICIA A. SEABROOKS

C

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date