
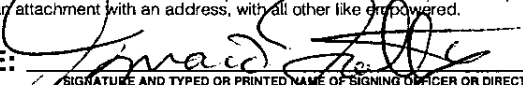


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 007 ****61.25

DOCUMENT # N0100004095			
1. Entity Name THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER HEALTH CARE ALLIANCE, INC.			
Principal Place of Business 43 NORTH KROME AVE HOMESTEAD, FL 33030		Mailing Address 43 NORTH KROME AVE HOMESTEAD, FL 33030	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0553631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FINLAN, MARY A 43 NORTH KROME AVE HOMESTEAD, FL 33030		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> Delete NAME WELLER, THOMAS R STREET ADDRESS 65 NW 16 STREET CITY-ST-ZIP HOMESTEAD, FL 33030	TITLE <input checked="" type="checkbox"/> Delete NAME GOLD, GOREY D STREET ADDRESS 160 NW 12 STREET CITY-ST-ZIP HOMESTEAD, FL 33030	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Newman, Susan STREET ADDRESS 690 Homestead Boulevard CITY-ST-ZIP Homestead, FL 33030	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Farnes, Robert STREET ADDRESS 250 E Palm Drive CITY-ST-ZIP Florida City, FL 33034
TITLE <input type="checkbox"/> Delete NAME LIPE, DANIEL STREET ADDRESS 28801 SW 157 AVE CITY-ST-ZIP HOMESTEAD, FL 33033	TITLE <input type="checkbox"/> Delete NAME FIALLOS, IGNACIO STREET ADDRESS 70 NE 3 STREET CITY-ST-ZIP FLORIDA CITY, FL 33034	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lipe, Daniel STREET ADDRESS 28801 SW 157 AVE CITY-ST-ZIP Homestead, FL 33033	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Fiallos, Ignacio STREET ADDRESS 392 SW 4 Street CITY-ST-ZIP Florida City, FL 33034
TITLE <input checked="" type="checkbox"/> Delete NAME MC MILLAN, JANE W STREET ADDRESS 2300 SOUTH BISCAYNE BLVD STE 3730 CITY-ST-ZIP MIAMI, FL 33134	TITLE <input type="checkbox"/> Delete NAME PIERCE, JAMES STREET ADDRESS 48 NE 15TH ST CITY-ST-ZIP HOMESTEAD, FL 33030	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Payton, David STREET ADDRESS 1550 N Krome Ave CITY-ST-ZIP Homestead, FL 33030	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2/24/04 Daytime Phone #: 305-245-6338	