

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90102 021 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**01-0553631**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FINLAN, MARY A  
 43 NORTH KROME AVE  
 HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **CD**  Delete  
 NAME **NEWMAN, SUSAN**  
 STREET ADDRESS **690 HOMESTEAD BLVD**  
 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE  Change  Addition  
 NAME **Newman, Susan**  
 STREET ADDRESS **690 Homestead Blvd**  
 CITY-ST-ZIP **Homestead, FL 33030**

TITLE **VD**  Delete  
 NAME **FARNES, ROBERT**  
 STREET ADDRESS **475 SE 20 LANE**  
 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE  Change  Addition  
 NAME **Farnes, Robert**  
 STREET ADDRESS **475 SE 20 Lane**  
 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE  Delete  
 NAME **LIPE, DANIEL**  
 STREET ADDRESS **28801 SW 157 AVE**  
 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE  Change  Addition  
 NAME **Rerrer, Ramon**  
 STREET ADDRESS **9250 W. Flagler St**  
 CITY-ST-ZIP **Miami, FL 33147**

TITLE  Delete  
 NAME **FIALLOS, IGNACIO**  
 STREET ADDRESS **P.O. BOX 343478**  
 CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE  Change  Addition  
 NAME **Romero, Julie**  
 STREET ADDRESS **9220 SW 72 St #206**  
 CITY-ST-ZIP **Miami, FL 33173**

TITLE **SD**  Delete  
 NAME **PEYTON, DAVID**  
 STREET ADDRESS **1550 KROME AVE**  
 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE  Change  Addition  
 NAME **SD/D/T Peyton, David**  
 STREET ADDRESS **1550 N. Krome Ave**  
 CITY-ST-ZIP **Homestead, FL 33030**

TITLE **TD**  Delete  
 NAME **PIERCE, JAMES**  
 STREET ADDRESS **48 NE 15TH ST**  
 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE  Change  Addition  
 NAME **VID Pierce, James**  
 STREET ADDRESS **48 NE 15 St**  
 CITY-ST-ZIP **Homestead, FL 33030**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-16-06** Daytime Phone # **954-258-6465**