

# 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 # N01000004095**

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.

02012006 Chg-NP CR2E037 (11/05)

City & State

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

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

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

TITLE **SD** ☐ Delete  
NAME **PEYTON, DAVID**  
STREET ADDRESS **1550 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **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

**2-16-06**  
Date

**934-258-6465**  
Daytime Phone #