2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0100004095 1. Entity Name THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER HEALTH CARE ALLIANCE, INC.						03-03-2006	90102 021	[****6]	1.25
Principal Place of Business 43 NORTH KROME AVE HOMESTEAD, FL 33030		Mailing Address 43 NORTH KROME AVE HOMESTEAD, FL 33030				<u>.</u> 1 411 1111 fan ar			
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 01-05536	31			oplied For ot Applicable	
Zip	Country	Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	Registered Age	ent	
F0511 451 5	******			Name					
FINLAN, MARY A 43 NORTH KROME AVE HOMESTEAD, FL 33030				Street Addres	reet Address (P.O. Box Number is Not Acceptable)				
·				City			FL	Zip Code	e
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	egistere	ed office or regis	stered agent, or both,	in the State of Flo	orida. I am fan	niliar with,	and accept
SIGNATURE .	• 								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signatura requ	uired when reinstating)		DATE		
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indicated on this report or supplies will him line quoes not qualify for the exemptions contained in chapter 1.3, rhonds statutes. I him for the information indicated on this report or supplemental teport 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR