
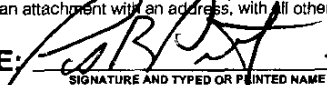


**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90015 047 \*\*\*\*61.25

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

<b>DOCUMENT # N01000004095</b>					
1. Entity Name <b>THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER HEALTH CARE ALLIANCE, INC.</b>					
Principal Place of Business <b>43 NORTH KROME AVE HOMESTEAD, FL 33030</b>			Mailing Address <b>43 NORTH KROME AVE HOMESTEAD, FL 33030</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-0553631</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FINLAN, MARY A 43 NORTH KROME AVE HOMESTEAD, FL 33030</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, SUSAN		NAME	Olson, Katy	
STREET ADDRESS	690 HOMESTEAD BLVD		STREET ADDRESS	5 S. Flagler Ave	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33030	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARNES, ROBERT		NAME	Edwards, Katie	
STREET ADDRESS	475 SE 20 LANE		STREET ADDRESS	1850 Old Dixie Hwy	
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP	Homestead, FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRER, RAMON		NAME	Ramkisson, Paruram	
STREET ADDRESS	9250 W FLAGLER ST		STREET ADDRESS	27077 S. Dixie Hwy	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	Naranja, FL 33032	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, JULIE		NAME		
STREET ADDRESS	9220 SW 72 ST 206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	SFT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEYTON, DAVID		NAME		
STREET ADDRESS	1550 KROME AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, JAMES		NAME	Pierce, James	
STREET ADDRESS	48 NE 15TH ST		STREET ADDRESS	48 NE 15 Street	
CITY-ST-ZIP	HOMESTEAD, FL 33030		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:  <b>James R. Pierce, Jr.</b> 1/12/07 305-247-2332					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					