

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90019 038 \*\*\*\*61.25

<b>DOCUMENT # N01000004095</b>					
<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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 01-0553631				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<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</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <u>Katy Olson</u> DATE <u>3/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> OLESON, KATY 5 S FLAGLER AVE. HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Oleson, Katy</b> 5 S. Flagler Ave Homestead, FL 33030
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> EDWARDS, KATIE 1850 OLD DIXIE HWY HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Williams, Jerome</b> 2646 SE 19 Ct Homestead, FL 33036
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RAMKISSOON, PARSURAM 27077 S DIXIE HWY HOMESTEAD, FL 33032	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ROMERO, JULIE 9220 SW 72 ST 206 MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Wilson, Sharon</b> 15600 SW 288 St Homestead, FL 33030
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> PEYTON, DAVID 1550 KROME AVE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> PIERCE, JAMES 48 NE 15TH ST HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Pierce, James</b> 48 NE 15 Street Homestead, FL 33030
<b>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.</b>					
SIGNATURE: <u>Katy Olson</u> DATE <u>3/4/08</u> DAYTIME PHONE # <u>305-246-1904</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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