


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90292 031 ****61.25

DOCUMENT # N01000004095

1. Entity Name
THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER HEALTH CARE ALLIANCE, INC.



Principal Place of Business Mailing Address
43 NORTH KROME AVE **43 NORTH KROME AVE**
HOMESTEAD FL 33030 **HOMESTEAD FL 33030**

55044076



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **APPLIED FOR** Applied For
01-0563061 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)

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	WELLER, THOMAS R	
STREET ADDRESS	65 NW 16 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, COREY D	
STREET ADDRESS	160 NW 13 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPE, DANIEL	
STREET ADDRESS	28801 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	Chair-Elect, D	<input type="checkbox"/> Delete
NAME	FIALLOS, IGNACIO	
STREET ADDRESS	70 NE 3 STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, JANE W	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD STE 3750	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAVENE, KATRINA	
STREET ADDRESS	437 N KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierce, James	
STREET ADDRESS	48 NE 15th ST	
CITY-ST-ZIP	Homestead, FL 33030	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jane W. McMillan* Date: **4/21/03** Daytime Phone #: **305 374-4008**

CR2E037 (10/02)