

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006141

FILED
Jan 09, 2007
Secretary of State

Entity Name: MISION MEDICA CATOLICA, INC.

Current Principal Place of Business:

DR. J TORRES
7100 W 20TH AVE, SUITE 701
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

DR. J TORRES
7100 W 20TH AVE, SUITE 701
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 02-0564900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, JULIO D
7100 W 20TH AVE, SUITE 701
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, JULIO D
Address: 7100 W 20TH AVE, SUITE 701
City-St-Zip: HIALEAH, FL 33016

Title: VD () Delete
Name: CANTON, ENRIQUE
Address: 725 ANASTASIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: TORRES, GISELLE G
Address: 7100 W 20TH AVE, SUITE 701
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: SILVERMAN, PILAR SERRA
Address: 485 WOODCREST RD
City-St-Zip: KEY BISCAYNE, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO D TORRES MD

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date