

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006141

FILED
Jan 17, 2008
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

Current Mailing Address:

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

FEI Number: 02-0564900

FEI Number Applied For ()

New Principal Place of Business:

DR. J TORRES
7100 W 20TH AVE, SUITE 105
HIALEAH, FL 33016

New Mailing Address:

DR. J TORRES
7100 W 20TH AVE, SUITE 105
HIALEAH, FL 33016

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:

TORRES, JULIO D
7100 W 20TH AVE, SUITE 105
HIALEAH, FL 33016 US

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:

01/17/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TORRES, JULIO D
Address: 7100 W 20TH AVE, SUITE 105
City-St-Zip: HIALEAH, FL 33016

Title: VD (X) Change () Addition
Name: PENA, HERIBERTO
Address: 950 N. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 3

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

Title: SD (X) Change () Addition
Name: SILVERMAN, PILAR SERRA
Address: SOUTH BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: VD () Change (X) Addition
Name: LOPEZ-URIZAR, GLADYS
Address: 410 COSTANERA RD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date