

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006141

FILED
Jan 21, 2009
Secretary of State

Entity Name: MISION MEDICA CATOLICA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

DR. J TORRES
7100 W 20TH AVE, SUITE 105
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 105
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 105
City-St-Zip: HIALEAH, FL 33016

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

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: SOUTH BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

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

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:

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

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, MD

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date