

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006141

FILED
Jan 11, 2012
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
Name: TORRES, JULIO D
Address: 7100 W 20TH AVE, SUITE 105
City-St-Zip: HIALEAH, FL 33016

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

Title: TD
Name: TORRES, GISELLE G
Address: 7100 W 20TH AVE, SUITE 105
City-St-Zip: HIALEAH, FL 33016

Title: SD
Name: SILVERMAN, PILAR SERRA
Address: SOUTH BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

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

I hereby 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 all other like empowered.

SIGNATURE: JULIO D. TORRES

PD

01/11/2012

Electronic Signature of Signing Officer or Director

Date