2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000000136

Entity Name: SOLANGE AMALIA COMMUNITY CLINIC DE LA VALLE, INC.

Current Principal Place of Business:

4200 NW 2ND AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

4200 NW 2ND AVE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 30-0016713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AURELIEN, SOLANGE
4200 NW 2ND AVE
MIAMI, FL 33127

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:	AURELIEN, SOLANGE	
Address:	1355 NW 113TH TERRACE	
City-St-Zip:	MIAMI, FL 33168	
Title:	T	( ) Delete
Name:	AURELIEN, ANDRE	
Address:	1355 NW 113TH TERRACE	
City-St-Zip:	MIAMI, FL 33168	
Title:	S	( ) Delete
Name:	AURELIEN, GUETER	
Address:	7460 N OAKMONT DRIVE	
City-St-Zip:	HIALEAH, FL 33015	
Title:	D	( ) Delete
Name:	ELLIOTT, EDWARD D TRUSTEE	
Address:	13309 NW 7TH AVE	
City-St-Zip:	MIAMI, FL 33168	
Title:	D	( ) Delete
Name:	DAMIER, JEANETTE TRUSTEE	
Address:	19735 NE 11TH CT	
City-St-Zip:	MIAMI, FL 33179	
Title:	D	( ) Delete
Name:	CHERY, JEAN S TRUSTEE	
Address:	1355 NW 113TH TERR	
City-St-Zip:	MIAMI, FL 33168	

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:	
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 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 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: SOLANGE AURELIEN PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date