

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000136

FILED
Apr 27, 2006
Secretary of State

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 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: 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 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: SOLANGE AURELIEN

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date