

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000136

FILED
Apr 18, 2010
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
Name: AURELIEN, SOLANGE
Address: 1355 NW 113TH TERRACE
City-St-Zip: MIAMI, FL 33168

Title: T
Name: AURELIEN, ANDRE
Address: 1355 NW 113TH TERRACE
City-St-Zip: MIAMI, FL 33168

Title: S
Name: AURELIEN, GUETER
Address: 7460 N OAKMONT DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: D
Name: ELLIOTT, EDWARD D TRUSTEE
Address: 13309 NW 7TH AVE
City-St-Zip: MIAMI, FL 33168

Title: D
Name: DAMIER, JEANETTE TRUSTEE
Address: 19735 NE 11TH CT
City-St-Zip: MIAMI, FL 33179

Title: D
Name: CHERY, JEAN S TRUSTEE
Address: 1355 NW 113TH TERR
City-St-Zip: MIAMI, FL 33168

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: SOLANGE AURELIEN

PD

04/18/2010

Electronic Signature of Signing Officer or Director

Date