

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001031**

1. Entity Name  
**CCI HEALTH CONNECTION, INC.**



Principal Place of Business  
**2527 OPA LOCKA, FLORIDA  
OPA LOCKA, FL 33054**

Mailing Address  
**PO BOX 541575  
OPA LOCKA, FL 33054**

**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2193820**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MINCEY, JUANITA A  
12868 N.W. 21ST  
MIRAMAR, FL 33054**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SEABROOKS, PATRICIA A DR.
STREET ADDRESS	2527 OPA LOCKA BLVD.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	VS
NAME	MINCEY, JUANITA B REV.
STREET ADDRESS	2527 OPA LOCKA BOULEVARD
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	SEABROOKS, WILLIE REV
STREET ADDRESS	997 SW 104TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 330253580
TITLE	DT
NAME	MINCEY-MILLS, DENISE
STREET ADDRESS	12868 SW 21ST STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	CARTER, ANN D
STREET ADDRESS	2527 OPA LOCKA BLVD.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	ZAFAR, FATIMA M.D.
STREET ADDRESS	2527 OPA LOCKA BOULEVARD
CITY-ST-ZIP	OPA LOCKA, FL 33054

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-04 305-305-0258**

Date

Daytime Phone #