

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001031

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: CCI HEALTH CONNECTION, INC.

## Current Principal Place of Business:

P.O. BOX 8827  
MIRAMAR, FL 33027

## New Principal Place of Business:

P.O. BOX 278827  
MIRAMAR, FL 33027

## Current Mailing Address:

PO BOX 8827  
MIRAMAR, FL 33027

## New Mailing Address:

PO BOX 278827  
MIRAMAR, FL 33027

FEI Number: 59-2193820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MINCEY, JUANITA A  
12868 N.W. 21ST  
MIRAMAR, FL 33054 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: P ( ) Delete  
Name: SEABROOKS, PATRICIA A DR.  
Address: P.O. BOX 8827  
City-St-Zip: MIRAMAR, FL 33027

Title: VS ( ) Delete  
Name: MINCEY, JUANITA B REV.  
Address: P.O. BOX 8827  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: SCOTT, ELIZABETH  
Address: P.O. BOX 8827  
City-St-Zip: MIRAMAR, FL 33027

Title: DT (X) Delete  
Name: MINCEY-MILLS, DENISE  
Address: P.O. BOX 8827  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete  
Name: CARTER, ANN D  
Address: P.O. BOX 8827  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: ZAFAR, FATIMA M.D.  
Address: P.O. BOX 8827  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SEABROOKS, PATRICIA A DR.  
Address: P.O. BOX 278827  
City-St-Zip: MIRAMAR, FL 33027

Title: PRES (X) Change ( ) Addition  
Name: MINCEY, JUANITA B REV.  
Address: P.O. BOX 278827  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition  
Name: SCOTT, ELIZABETH  
Address: P.O. BOX 278827  
City-St-Zip: MIRAMAR, FL 33027

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ZAFAR, FATIMA M.D.  
Address: P.O. BOX 278827  
City-St-Zip: MIRAMAR, FL 33027

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: JUANITA MINCEY

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date