

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

8/4/2

08-04-2003 90141 035 ****61.25

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**

33053601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-219-3820

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	SEABROOKS, PATRICIA A DR.	<input type="checkbox"/> Delete
NAME		2527 OPA LOCKA BLVD.	
STREET ADDRESS		OPA LOCKA FL 33054	
CITY-ST-ZIP			
TITLE	VS	MINCEY, JUANITA B REV.	<input type="checkbox"/> Delete
NAME		2527 OPA LOCKA BOULEVARD	
STREET ADDRESS		OPA LOCKA FL 33054	
CITY-ST-ZIP			
TITLE	D	SEABROOKS, WILLIE REV	<input type="checkbox"/> Delete
NAME		997 SW 104TH WAY	
STREET ADDRESS		PEMBROKE PINES FL 33025-3580	
CITY-ST-ZIP			
TITLE	DT	MINCEY-MILLS, DENISE	<input type="checkbox"/> Delete
NAME		12868 SW 21ST STREET	
STREET ADDRESS		MIRAMAR FL 33027	
CITY-ST-ZIP			
TITLE	D	CARTER, ANN D	<input type="checkbox"/> Delete
NAME		2527 OPA LOCKA BLVD.	
STREET ADDRESS		OPA LOCKA FL 33054	
CITY-ST-ZIP			
TITLE	D	ZAFAR, FATIMA M.D.	<input type="checkbox"/> Delete
NAME		2527 OPA LOCKA BOULEVARD	
STREET ADDRESS		OPA LOCKA FL 33054	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

7/31/2003

Date

305-769-3044

Daytime Phone #

CR2037 (4/03)