

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003900

FILED
Apr 17, 2004
Secretary of State**Entity Name:** LA HERMOSA COMMUNITY HEALTH CENTER, INC.**Current Principal Place of Business:**7542 SW 157 PL
MIAMI, FL 33193**New Principal Place of Business:****Current Mailing Address:**7542 SW 157 PL
MIAMI, FL 33193**New Mailing Address:****FEI Number:** 48-1258289**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CANAAAN, YAMIL
7542 SW 157 PL
MIAMI, FL 33193**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: CANAAAN, YAMIL
Address: 7542 SW 157 PL
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: RAMIREZ, EDUARDO
Address: 21040 SW 121 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: TD () Delete
Name: GORDON, VANESSA
Address: 15832 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ZORRILLA, JONATHAN
Address: 19205 SW 185TH COURT
City-St-Zip: MIAMI, FL 33187

Title: TD (X) Change () Addition
Name: FABIO, HERBERT
Address: 11115 SW 134TH COURT
City-St-Zip: MIAMI, FL 33186

Title: D () Change (X) Addition
Name: SABILLON, EDUARDO
Address: 7330 SW 9TH STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Change (X) Addition
Name: GORDON, VANESSA
Address: 15832 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: D () Change (X) Addition
Name: EAGEN-ZORRILLA, CINDY
Address: 19205 SW 185TH COURT
City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HERBERT FABIO

TD

04/17/2004

Electronic Signature of Signing Officer or Director

Date