

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003900

FILED
May 01, 2006
Secretary of State

Entity Name: LA HERMOSA COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

19205 SW 185 CT
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

19205 SW 185 CT
MIAMI, FL 33187

New Mailing Address:

FEI Number: 48-1258289 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FABIO, HERBERT
11115 SW 134TH COURT
MIAMI, FL 33186 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 () Delete
Name: CANAAN, YAMIL
Address: 7542 SW 157 PL
City-St-Zip: MIAMI, FL 33193

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: YAMIL CANAAN

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date