

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90261 036 ****70.00

DOCUMENT # N02000008421



1. Entity Name
COMMUNITY HEALTH PROGRAMS, INC.

Principal Place of Business
**4343 W. FLAGLER ST. SUITE 502
MIAMI FL 33134**

Mailing Address
**4343 W. FLAGLER ST. SUITE 502
MIAMI FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1858016

Applied For

Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS, ARTURO
4343 W. FLAGLER S. 502
MIAMI FL 33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, ARTURO	NAME	
STREET ADDRESS	4343 W. FLAGLER S. 502	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABAD, MAGALY R	NAME	
STREET ADDRESS	4343 W. FLAGLER S. 502	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, GEMA	NAME	
STREET ADDRESS	4343 W. FLAGLER S. 502	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X SIGNATURE REQUIRED

President 3/17/03 (305) 444-4944

CR2E037 (10/02)