## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N03000003007 04-25-2005 90270 007 \*\*\*\*70.00 COMMUNITY H.E.A.L.T.H. PROJECT, INC. Principal Place of Business Mailing Address 2700 WEST ATLANTIC BLVD., SUITE 200-18 2700 WEST ATLANTIC BLVD., SUITE 200-18 POMPANO, FL 33069 POMPANO, FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 80-0030514 Not Applicable \$8.75 Additional Zip Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wilson SIMPSON, ALMA C Street Address (P.O. Box Number is Not Acceptable) 2221 N.W. 80TH TERRACE SUNRISE, FL 33322 Zip Code Sun mo 33322 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. d or printed name of registered agent and the if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change TITE F ☐ Delete Alma SIMPSON, ALMA C NAME NAME Blud. 2700 WEST ATLANTIC BLVD., SUITE 200-18 STREET ADDRESS STREET ADDRESS POMPANO, FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Alma SIMPSON, ALMA C NAME NAME ATLADTIC Blod. STREET ADDRESS STREET ADDRESS 2700 WEST ATLANTIC BLVD., SUITE 200-18 POMPANO, FL 33069 CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition VD ППЕ TITLE HOLDING, KIMBERLY J NAME NAME 2700 WEST ATLANTIC BLVD., SUITE 200-18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO, FL 33069 ☐ Change Addition ☐ Delete TITLE NAME AGUILAR, MARK MAME STREET ADDRESS 2700 WEST ATLANTIC BLVD., SUITE 200-18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO, FL 33069 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME LEWIS, ROBERT 2700 WEST ATLANTIC BLVD., SUITE 200-18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO, FL 33069 TITLE ☐ Change Addition ☐ Delete TITLE

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 wi

NAME

STREET ADDRESS

CITY-ST-ZIP

h an address, with all other like empowered.

SIGNATURE:

NAME

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

**FILED**