

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011640

FILED
Jun 23, 2005
Secretary of State

Entity Name: WORLD FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

1330 CORAL WAY SUITE 403
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1330 CORAL WAY SUITE 403
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-2328592 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:

Name and Address of New Registered Agent:

GAMARRA, GABRIELA
1330 CORAL WAY SUITE 403
MIAMI, FL 33145 US

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: C () Delete
Name: COMAS, LAURA
Address: 1330 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

Title: V () Delete
Name: SANDOVAL, ROSANO
Address: 1330 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

Title: T () Delete
Name: MORAN, ADDY
Address: 1330 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

Title: S () Delete
Name: GONZALEZ, MARIA
Address: 1330 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: SILVA, ANA MARIA
Address: 1330 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

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 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: LAURA COMAS

C

06/23/2005

Electronic Signature of Signing Officer or Director

Date