


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011854	
1. Entity Name COMMUNITY MEDICAL CONCEPTS, INC.	

Principal Place of Business 12260 SW 8TH STREET SUITE 220 MIAMI, FL 33184	Mailing Address 12260 SW 8TH STREET SUITE 220 MIAMI, FL 33184
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
05 DEC 13 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042005 REIN-NP CR2E099 (6/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
ESTEVEZ, ANDRE 12260 SW 8TH STREET 220 MIAMI, FL 33184	
7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVEZ, ANDRE	NAME	
STREET ADDRESS	3941 NW FLAGLER TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33184	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, WILMA	NAME	
STREET ADDRESS	7323 SW 134 PLACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33183	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVAN, YVONNE	NAME	
STREET ADDRESS	5025 NW 196 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33055	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUELLI, MILDRED	NAME	
STREET ADDRESS	1417 KEMPTON CHASE PARKWAY	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32837	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: Andre Estevez Nov 1st 05 (305) 385-0768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #