




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000011854</b> 1. Entity Name <b>COMMUNITY MEDICAL CONCEPTS, INC.</b>						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">06 SEP 15 AM 11:17</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 12260 SW 8TH STREET SUITE 220 MIAMI, FL 33184				Mailing Address 12260 SW 8TH STREET SUITE 220 MIAMI, FL 33184			
2. Principal Place of Business		3. Mailing Address		09082006    Chg-NP    CR2E037 (4/06)  4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">APPLIED FOR</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Not Applicable</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ESTEVEZ, ANDRE</b> <b>12260 SW 8TH STREET 220</b> <b>MIAMI, FL 33184</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>Sept 1st 2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 15, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ESTEVEZ, ANDRE</b> <b>3941 NW FLAGLER TERRACE</b> <b>MIAMI, FL 33184</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>300080038623</b>  <b>09/21/06--01052--013    **61.25</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CASTILLO, WILMA</b> <b>7323 SW 134 PLACE</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MONTALVAN, YVONNE</b> <b>5025 NW 196 TERRACE</b> <b>MIAMI, FL 33055</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Montalvan, Yvonne</b> <b>5025 NW 196 TR.</b> <b>Miami, FL 33055</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMMANUELLI, MILDRED</b> <b>1417 KEMPTON CHASE PARKWAY</b> <b>ORLANDO, FL 32837</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Emmanueli, Mildred</b> <b>1417 Kempton Chase Parkway</b> <b>Orlando, FL 32837</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>Sept 1st 2006</b> Daytime Phone # <b>305-385-0768</b>			