

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011854

FILED  
Jun 27, 2007  
Secretary of State

Entity Name: COMMUNITY MEDICAL CONCEPTS, INC.

## Current Principal Place of Business:

12260 SW 8TH STREET SUITE 220  
MIAMI, FL 33184

## New Principal Place of Business:

3520 SW 97 AVENUE  
BLDG. 2, SECOND FLOOR  
MIAMI, FL 33165

## Current Mailing Address:

12260 SW 8TH STREET SUITE 220  
MIAMI, FL 33184

## New Mailing Address:

3520 SW 97 AVENUE  
BLDG. 2, SECOND FLOOR  
MIAMI, FL 33164

FEI Number: FEI Number Applied For (X) 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:

ESTEVEZ, ANDRE  
12260 SW 8TH STREET 220  
MIAMI, FL 33184 US

## Name and Address of New Registered Agent:

ESTEVEZ, ANDRE  
7323 SW 134 PL  
MIAMI, FL 33183 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:

06/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESTEVEZ, ANDRE  
Address: 3941 NW FLAGLER TERRACE  
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete  
Name: CASTILLO, WILMA  
Address: 7323 SW 134 PLACE  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: MONTALVAN, YVONNE  
Address: 5025 NW 196 TERRACE  
City-St-Zip: MIAMI, FL 33055

Title: ST ( ) Delete  
Name: EMMANUELLI, MILDRED  
Address: 1417 KEMPTON CHASE PARKWAY  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESTEVEZ, ANDRE  
Address: 7323 SW 134 PL  
City-St-Zip: MIAMI, FL 33183

Title: VP (X) Change ( ) Addition  
Name: ESTEVEZ, WILMA  
Address: 7323 SW 134 PLACE  
City-St-Zip: MIAMI, FL 33183

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDRE ESTEVEZ

P

06/27/2007

Electronic Signature of Signing Officer or Director

Date