

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011854

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** COMMUNITY MEDICAL CONCEPTS, INC.

**Current Principal Place of Business:**

1101 MIRANDA LANE  
SUITE 131  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1101 MIRANDA LANE  
SUITE 131  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 20-2187684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EMMANUELLI, MILDRED  
1101 MIRANDA LANE  
SUITE 131  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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: PD  
Name: ESTEVEZ, ANDRE  
Address: 7323 SW 134 PL  
City-St-Zip: MIAMI, FL 33183

Title: VP  
Name: ESTEVEZ, WILMA  
Address: 7323 SW 134 PLACE  
City-St-Zip: MIAMI, FL 33183

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

I hereby 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 all other like empowered.

SIGNATURE: MILDRED EMMANUELLI

ST

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date