

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003767

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: TEMPLO CLINICA DEL ALMA, INC.

**Current Principal Place of Business:**

37135 MERIDIAN AVENUE  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 769  
DADE CITY, FL 33526 US

**New Mailing Address:**

FEI Number: 20-4639542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MADANI, SHEADA ESQUIRE  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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: P ( ) Delete  
Name: PEREZ, RAY S  
Address: P.O. BOX 769  
City-St-Zip: DADE CITY, FL 33526 US

Title: T ( ) Delete  
Name: PEREZ, ALICIA M  
Address: P.O. BOX 769  
City-St-Zip: DADE CITY, FL 33526 US

Title: S ( ) Delete  
Name: PEREZ, RONALD  
Address: P.O. BOX 769  
City-St-Zip: DADE CITY, FL 33526 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: RAY S PEREZ

P

04/11/2007

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

\_\_\_\_\_  
Date