


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 009 ****61.25

DOCUMENT # N06000003767 1. Entity Name TEMPLO CLINICA DEL ALMA, INC.					
Principal Place of Business 37135 MERIDIAN AVENUE DADE CITY, FL 33525 US			Mailing Address POST OFFICE BOX 769 DADE CITY, FL 33526 US		
2. Principal Place of Business - No P.O. Box # 36245 SR 52		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dade City		City & State		4. FEI Number 20-4639542	
Zip 33523		Country Pasco		Applied For <input type="checkbox"/> Not Applicable	
Zip 33523		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADANI, SHEADA ESQUIRE 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Alicia M Perez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, RAY S P.O. BOX 769 DADE CITY, FL 33526	<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	T PEREZ, ALICIA M P.O. BOX 769 DADE CITY, FL 33526	<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	S PEREZ, RONALD P.O. BOX 769 DADE CITY, FL 33526	<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	[Empty]	<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	[Empty]	<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	[Empty]	<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: <u><i>Alicia M Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	