2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N06000003767

Entity Name: TEMPLO CLINICA DEL ALMA, INC.

Current Principal Place of Business:

36245 SR 52
DADE CITY, FL 33523 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 (X)**

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
Name: PEREZ, RAY S
Address: P.O. BOX 769
City-St-Zip: DADE CITY, FL 33526 US

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

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

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: RONALD PEREZ S 01/06/2012

Electronic Signature of Signing Officer or Director Date