2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2008 8:00 am
Secretary of State
02-28-2008 90003 048 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N06000004231

1. Entity Name

ASSOCIATION OF HISPANIC HEALTH CARE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
% EDWARD B. GALANTE, ESQ. 516 CAMDEN AVENUE STUART FL 34994	% EDWARD B. GALANTE, ESQ. 516 CAMDEN AVENUE STUART FL 34994

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1720 SE Indian St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart Fla	City & State: Same
Zip: 34997 Country: Marion	Zip: Same Country: Same

4. FEI Number: 26-0123093 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALANTE, EDWARD B ESQ. 1720 SE INDIAN ST STUART FL 34997	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

If changing Registered Agent, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 QUINONES, MARIS * 3991 SW GREENWOOD WAY #3G PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	* First Name Misspelled should be MARIA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. ORTIZ, ROBERTO 247 SW MARATHON AVE PORT ST LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANALES, NATY 236 SW MARATHON AVE PORT ST LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ORTEGA-PERRI, ELSIE 665 SE WHITMORE DR PORT ST LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Maria del C Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #