2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000005186

Entity Name: JULIO E. TALERO COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

401 NW 63RD CT.
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

401 NW 63RD CT.
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-4870758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HESS, MARLENE S
401 NW 63RD CT.
MIAMI, FL 33126 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: D ( ) Delete
Name: HESS, MARLENE S
Address: 401 NW 63RD CT.
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: HESS, KEVIN
Address: 401 NW 63RD CT.
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: BAUTISTA, MIGUEL-ANTONIO
Address: 5910 LOXAHATCHEE PINES DR
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: BAUTISTA, JUAN S
Address: 9620 SOUTH 27TH AVE
City-St-Zip: LAVEEN, AZ 85339

Title: D ( ) Delete
Name: BAUTISTA, MARINA S
Address: 9620 SOUTH 27TH AVE
City-St-Zip: LAVEEN, AZ 85339

Title: D ( ) Delete
Name: CALVO, FANNY T
Address: 530 S.W. 90TH COURT
City-St-Zip: MIAMI, FL 33174

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:

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 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: MARLENE HESS D 04/30/2008

Electronic Signature of Signing Officer or Director — Date