

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005906

FILED  
Jun 27, 2007  
Secretary of State

Entity Name: CHRISTIAN MEDICAL CONCEPTS, INC.

**Current Principal Place of Business:**

5911 W. FLAGLER  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

5911 W. FLAGLER  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ESTEVEZ, ANDRE  
3941 NW FLAGLER TERR.  
MIAMI, FL 33126 US

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

ESTEVEZ, ANDRE  
7323 SW 134 PL  
MIAMI, FL 33165 US

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

06/27/2007

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESTEVEZ, ANDRE  
Address: 3941 NW FLAGLER TERR.  
City-St-Zip: MIAMI, FL 33126

Title: STD ( ) Delete  
Name: LEIVAN, GLADYS  
Address: 7532 SW 135TH PLACE  
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete  
Name: GOMEZ, ORLANDO  
Address: 2184 SW 9TH ST.  
City-St-Zip: MIAMI, FL 33135

Title: D (X) Delete  
Name: ROMERO, ONEIDA  
Address: 3211 SW 128TH AVE.  
City-St-Zip: MIAMI, FL 33175

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

Title: PD (X) Change ( ) Addition  
Name: ESTEVEZ, ANDRE  
Address: 7323 SW 134 PL  
City-St-Zip: MIAMI, FL 33165

Title: STD (X) Change ( ) Addition  
Name: LEIZAN, GLADYS  
Address: 7532 SW 135TH PLACE  
City-St-Zip: MIAMI, FL 33180

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: ANDRE ESTEVEZ

Electronic Signature of Signing Officer or Director

PD

06/27/2007

Date