

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005906

FILED
Mar 31, 2009
Secretary of State

Entity Name: CHRISTIAN MEDICAL CONCEPTS, INC.

Current Principal Place of Business:

5911 W. FLAGLER
BLDG 2, SECOND FLOOR
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5911 W. FLAGLER
BLDG 2, SECOND FLOOR
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-5080575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: STD () Delete
Name: LEIZAN, 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

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:

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

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date