

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005906

FILED  
Aug 20, 2010  
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  
Name: ESTEVEZ, ANDRE  
Address: 7323 SW 134 PL  
City-St-Zip: MIAMI, FL 33165

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

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

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: ANDRE ESTEVEZ

PD

08/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date