

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2008  
Secretary of State**

DOCUMENT# N07000007797

Entity Name: CENTRO DE ATENCION COMUNITARIO INC

**Current Principal Place of Business:**

17395 SW 298 ST  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

17395 SW 298 ST  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 26-0703236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASTELLANOS, OSCAR O  
17395 SW 298 ST  
HOMESTEAD, FL 33030 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: P ( ) Delete  
Name: CASTELLANOS, OSCAR O  
Address: 17395 SW 298 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP ( ) Delete  
Name: ARAMBULA, CLAUDIA E  
Address: 17395 SW 298 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

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

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: OSCAR CASTELLANOS

P

04/25/2008

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

\_\_\_\_\_  
Date