2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000010147

Entity Name: TROPICS COMMUNITY HEALTH SERVICES, CORP.

Current Principal Place of Business:

654 NE 9TH PLACE
HOMESTEAD, FL 33030

New Principal Place of Business:

654 NE 9TH PLACE
HOMESTEAD, FL 33030 US

Current Mailing Address:

654 NE 9TH PLACE
HOMESTEAD, FL 33030

New Mailing Address:

654 NE 9TH PLACE
HOMESTEAD, FL 33030 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, AIDELYN
654 NE 9TH PLACE
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: LOPEZ, AIDELYN
Address: 654 NE 9TH PLACE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AIDELYN LOPEZ MS 01/16/2009
Electronic Signature of Signing Officer or Director — Date