## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011640

FILED Jun 23, 2009 Secretary of State

Entity Name: CLINICA DEL ALMA DR JESUS CRISTO CORP.

Current P	rincipal Place of Business:	New Principal Place of Business:
	「62ND STREET FL 33012	
Current N	lailing Address:	New Mailing Address:
	「62ND STREET FL 33012	
n accordan	: 22-3973142 FEI Number Applied For ice with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Ag	on did not receive the prior notice.
1840 SW 2 4TH FLOC		
	named entity submits this statement f e of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Register	red Agent Date
OFFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: Name: Address: City-St-Zip:	PD ( ) Delete RODRIGUEZ, AMARILIS 220 WEST 62ND STREET HIALEAH, FL 33012	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: lddress: Sity-St-Zip:	VD ( ) Delete NUTTER, BILLY 220 WEST 62ND STREET HIALEAH, FL 33012	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	SD ( ) Delete RODRIGUEZ, BELKY 220 WEST 62ND STREET HIALEAH, FL 33012	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
lame: Address: City-St-Zip: Citle: Jame: Address:	RODRIGUEZ, BELKY 220 WEST 62ND STREET	Name: Address:
lame: Address: City-St-Zip: Citle: Jame: Address:	RODRIGUEZ, BELKY 220 WEST 62ND STREET HIALEAH, FL 33012  T () Delete RODRIGUEZ, MIGDALIA 220 WEST 62ND STREET	Name: Address: City-St-Zip:  Title: T (X) Change ( ) Addition Name: BATISTA, NILLY Address: 220 WEST 62ND STREET

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: AMARILIS, RODRIQUEZ P 06/23/2009