2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003
Secretary of State

DOCUMENT# N44335

Entity Name: HOSPITAL JESUS IS THE ROCK AND DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

14829 N.W. 7TH AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

14829 N.W. 7TH AVENUE
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0291910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERFILS, FELERE
15781 NE 14 CT
N. MIAMI BEACH, FL 33162 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:	DPS	( ) Delete
Name:	CHERFILS, FELERE,	
Address:	15781 N.E. 14 CT.	
City-St-Zip:	N. MIAMI BEACH, FL	
Title:	DT	( ) Delete
Name:	CHERENFANT, MIMOSE	
Address:	4103 N.W. 78TH WAY	
City-St-Zip:	CORAL SPRINGS, FL	
Title:	DV	( ) Delete
Name:	PETIT-FRERE, DENISE	
Address:	1578 N.E. 14 COURT	
City-St-Zip:	N. MIAMI BEACH, FL	
Title:	ST	( ) Delete
Name:	HOMY, MYRLENE	
Address:	445 NE 113TH STREET	
City-St-Zip:	MIAMI, FL 33161	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FELERE CHERFILS DPS 05/21/2003

Electronic Signature of Signing Officer or Director — Date