

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 19, 2005
Secretary of State

DOCUMENT# N98000001818

Entity Name: RENASCENCE COMMUNITY HEALTH CARE CENTER, INC.**Current Principal Place of Business:**1370 NW 16 STREET
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**1370 NW 16 STREET
MIAMI, FL 33125**New Mailing Address:****FEI Number:** 65-0815575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMADO, MARTA
1370 NW 16 STREET
MIAMI, FL 33125 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/S () Delete
Name: AMADO, MARTA
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125**Title:** D () Delete
Name: CASTRO, MARIA
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125**Title:** D () Delete
Name: GARCIA, CARLOS R
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125**Title:** D () Delete
Name: GALLOSO, DIANA
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: REY, JULIO
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125**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: MARTA AMADO

P/S

01/19/2005

Electronic Signature of Signing Officer or Director

Date