

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005959

FILED
Apr 30, 2006
Secretary of State

Entity Name: COMMUNITY HEALTH CONCERNS, INC.

Current Principal Place of Business:

16115 S.W. 117 AVE.
A-22
MIAMI, FL 33177 US

New Principal Place of Business:

Current Mailing Address:

16115 S.W. 117 AVE.
A-22
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 31-1780906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRAY, VERNA
9803 S.W. 191ST STREET
MIAMI, FL 33157 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: PD () Delete
Name: DALEY, NINON
Address: 20020 SW 111 AVE
City-St-Zip: MIAMI, FL 33189 US

Title: VD () Delete
Name: CARBON, JENNIFER
Address: 15251 NE 18TH AVE, SUITE 10
City-St-Zip: MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: GROSS, MAGGIE
Address: 10362 SW 207 ST
City-St-Zip: MIAMI, FL 33189

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NINON DALEY

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date