

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005959

FILED
Jan 24, 2003
Secretary of State

Entity Name: COMMUNITY HEALTH CONCERNS, INC.

Current Principal Place of Business:

9507 SW 160TH ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9507 SW 160TH ST
MIAMI, FL 33157

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 33357 US

Name and Address of New Registered Agent:

WRAY, VERNA
9803 S.W. 191ST STREET
MIAMI, FL 33157 US

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:

01/24/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WRAY, LEAFORD
Address: 9507 SW 160TH ST
City-St-Zip: MIAMI, FL 33157

Title: CHMD () Delete
Name: OSBORNE, ROBERTO DR
Address: 8740 N KENDALL DR, SUITE 209
City-St-Zip: MIAMI, FL 33176

Title: VCD () Delete
Name: LEWIS, ANGELA
Address: 9803 SW 191ST ST
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: DALEY, NINON
Address: 19371 SW 119TH AVE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: WRAY, VERNA
Address: 9507 SW 160TH ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCD (X) Change () Addition
Name: BHAGWAN, LORNITA
Address: 20322 NW 36TH AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: SD (X) Change () Addition
Name: BROWN, BENJAMIN
Address: 14741 POLK STREET
City-St-Zip: MIAMI, FL 33176

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: VERNA WRAY

D

01/24/2003

Electronic Signature of Signing Officer or Director

Date