


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90217 011 \*\*\*150.00

<b>DOCUMENT # P00000117292</b> 1. Entity Name <b>CLINICA FATIMA, INC.</b>					
Principal Place of Business <b>3320 PALM AVENUE HIALEAH, FL 33012</b>			Mailing Address <b>3320 PALM AVENUE HIALEAH, FL 33012</b>		
2. Principal Place of Business - No P.O. Box # <b>7500 NW 25 Street</b>		3. Mailing Address <b>7500 NW 25 Street</b>			
Suite, Apt. #, etc. <b># 200</b>		Suite, Apt. #, etc. <b># 200</b>			
City & State <b>Miami, Fl 33122</b>		City & State <b>Miami, Fl 33122</b>			
Zip 		Country 		4. FEI Number <b>30-0017856</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>PADRON, FRANCISCO 3320 PALM AVE. HIALEAH, FL 33012</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Francisco Padron</b> Street Address (P.O. Box Number is Not Acceptable) <b>7500 NW 25 Street # 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33122</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>PADRON, FRANCISCO 3320 PALM AVENUE HIALEAH, FL 33012</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Francisco Padron 7500 NW 25 Street # 200 Miami, Fl 33122</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/29/08</b> Daytime Phone # _____		