

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008268

FILED
Feb 23, 2004
Secretary of State

Entity Name: COMMUNITY HEALTHCARE CENTER, INC.

Current Principal Place of Business:

9855 SW 184TH STREET
MIAMI, FL 33157

New Principal Place of Business:

2140 WEST FLAGLER STREET
SUITE 207
MIAMI, FL 33135

Current Mailing Address:

9855 SW 184TH STREET
MIAMI, FL 33157

New Mailing Address:

2140 WEST FLAGLER STREET
SUITE 207
MIAMI, FL 33135

FEI Number: 65-1070487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, ARIEL
1320 NW 7TH STREET
STE. 1
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

RODRIGUEZ, ARIEL
2140 WEST FLAGLER STREET
STE. 207
MIAMI, FL 33135 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: ARIEL RODRIGUEZ

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: RODRIGUEZ, AREIL
Address: 1320 NW 7TH STREET, SUITE 1
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete
Name: RODRIGUEZ, ARIEL
Address: 1320 NW 7TH STREET, SUITE 1
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODRIGUEZ, ARIEL
Address: 2140 WEST FLAGLER STREET #207
City-St-Zip: MIAMI, FL 33135

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIEL RODRIGUEZ

P

02/23/2004

Electronic Signature of Signing Officer or Director

Date