


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000008268		
1. Entity Name COMMUNITY HEALTHCARE CENTER, INC.		

FILED
05 JUN -7 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



Principal Place of Business 2140 WEST FLAGLER STREET SUITE 207 MIAMI, FL 33135		Mailing Address 2140 WEST FLAGLER STREET SUITE 207 MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1070487		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUIZ, ANORYS 2140 WEST FLAGLER STREET STE. 207 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name <i>Martin, Jesus</i> Street Address (P.O. Box Number is Not Acceptable) <i>2140 West Flagler Street Ste 207</i> City <i>Miami</i> FL Zip Code <i>33135</i>	
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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: *[Signature]* DATE: *5-16-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, ANORYS 2140 WEST FLAGLER STREET #207 MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARTIN, Jesus 2140 West Flagler Street, Ste. 207 Miami, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400056729084 06/29/05--01065--009 **\$2.00 <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
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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 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 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.

SIGNATURE: *Androrys Ruiz* DATE: *5-16-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR