FILED
Jul 24, 2008 8:00 am
Secretary of State

6/2(

06-26-2008 90002 001 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000128003

1. Entity Name
COMMUNITY CARE OF TAMPA INC.

66015573

02052008 Chg-P CR2E034 (12/06)

Principal Place of Business
~~3920 W SLIGH AVE~~
~~TAMPA, FL 33614~~

Mailing Address
~~3920 W SLIGH AVE~~
~~TAMPA, FL 33614~~

2. Principal Place of Business - No P.O. Box #
1502 Busch Blvd
Suite, Apt. #, etc.
City & State
Tampa FL 33612
Zip Country

3. Mailing Address
1502 Busch Blvd
Suite, Apt. #, etc.
City & State
Tampa FL 33612
Zip Country

4. FEI Number ~~59-3814162~~ 20-5690451 Applied For / Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALDES, FRANCISCO
18901 W OAKMONT DR
MIAMI, FL 33015

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VALDES, FRANCISCO 18901 W OAKMONT DR MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GONSALEZ, ANAISEL 3920 W SLIGH AVE TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: ____________________ 2/5/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
6600155573
pd6000017800 3

Bank of America Online Banking

Business Economy Chk - 9490 : Account Activity

Transaction Details:

Description: Check 1064

Posting date: 06/27/2008

Amount: $158.75

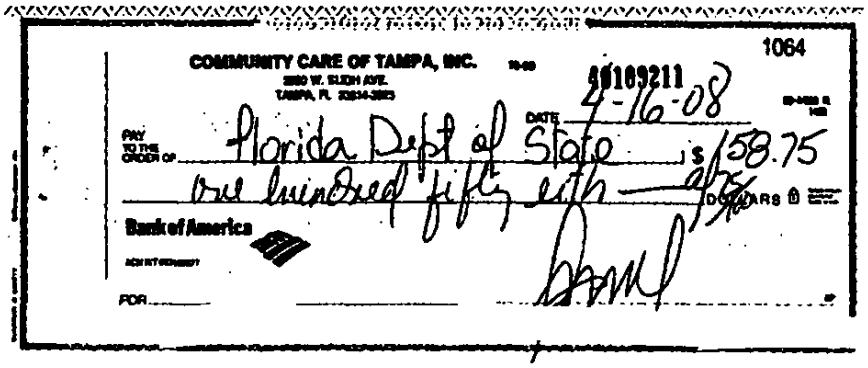
Reference Number: 86550819226

Check number: 1064

Account number: DDA-9490

Please Note: Only items posted to your account within the newest 180 calendar days will be available online.

Check Image:



ATTACHMENT
66015573
#1206000128003

Bank of America Online Banking

Business Economy Chk - 9490 : Check Image

Check Image: