

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128003

FILED
Feb 08, 2009
Secretary of State

Entity Name: COMMUNITY CARE OF TAMPA INC.

Current Principal Place of Business:

1502 BUSCH BLVD
TAMPA, FL 33612

New Principal Place of Business:

1502 W BUSCH BLVD
STE A-2
TAMPA, FL 33612

Current Mailing Address:

1502 BUSCH BLVD
TAMPA, FL 33612

New Mailing Address:

1502 W BUSCH BLVD
STE A-2
TAMPA, FL 33612

FEI Number: 59-3814162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, FRANCISCO
18901 W OAKMONT DR
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, FRANCISCO
Address: 18901 W OAKMONT DR
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: GONSALEZ, ANAISEL
Address: 3920 W SLIGH AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GONZALEZ, ANAISEL
Address: 3920 W SLIGH AVE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANAISEL GONZALEZ

VP

02/08/2009

Electronic Signature of Signing Officer or Director

Date