

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000077082

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY CLINICAL CENTER INC.

**Current Principal Place of Business:**

1490 W 49TH PLACE  
SUITE 398  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

13356 SW 47TH STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

1490 W 49TH PLACE  
SUITE 398  
HIALEAH, FL 33012

**FEI Number:** 26-3229905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNANDEZ, HECTOR JR  
13356 SW 47TH STREET  
MIRAMAR, FL 33027 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HERNANDEZ, HECTOR JR  
Address: 13356 SW 47TH STREET  
City-St-Zip: MIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: HECTOR HERNANDEZ

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date