

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000089741

FILED
Mar 22, 2011
Secretary of State

Entity Name: COMMUNITY MEDICAL CARE CENTER INC

Current Principal Place of Business:

214 S 1ST ST
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

541 21ST ST NW
NAPLES, FL 34120 US

New Mailing Address:

FEI Number: 27-3822909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, ANTONIO
541 21ST ST NW
NAPLES, FL 34120 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: GONZALEZ, ANTONIO
Address: 541 21ST ST NW
City-St-Zip: NAPLES, FL 34120 US

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: GONZALEZ, ANTONIO

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date