

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000082344

1. Entity Name
CARE PLUS MEDICAL CENTER OF WESTCHESTER, INC.



Principal Place of Business

**7928 SW 8 STREET
MIAMI, FL 33144**

Mailing Address

**7951 SW 40 ST STE 206
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2284472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, O.J.
7951 SW 40 ST STE 206
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PVST
DIAZ, ROBERT
7951 SW 40 ST STE 206
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
DIAZ, ROBERT
7951 SW 40 ST STE 206
MIAMI, FL 33155**

TITLE
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CITY- ST- ZIP

**U00000486877
04/13/06-80055-010 150.00**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #