


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060044

1. Entity Name
CARE MEDICAL OFFICE INC.



05 MAY -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3750 W 16 AVE STE 126 U HIALEAH, FL 33012	Mailing Address 3750 W 16 AVE STE 126 U HIALEAH, FL 33012
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04282005 Chg-P CR2E034 (10/03) **05**

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTRO, LAZARO
3750 W 16 AVE
STE 126 U
HIALEAH, FL 33012**

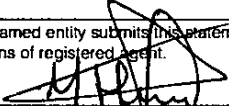
7. Name and Address of New Registered Agent

Name: **Maricel B. Hernandez**

Street Address (P.O. Box Number is Not Acceptable): **3750 W 16 AVE STE 126 U**

City: **Hialeah** FL Zip Code: **33012**

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:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD CASTRO, LAZARO A <input checked="" type="checkbox"/> Delete 3750 W 16 AVE STE 126 U HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete VILLAFUERTE, BEATRIZ 3750 W 16 AVE STE 126 U HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ESPINAL, OSMANY 3750 W 16 AVE STE 126 U HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VP ST MARICEL B. Hernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3750 W 16 AVE STE 126 U HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054685358 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/17/05--01062--021 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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