

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 14 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12769 (8)

1. Corporation Name

SOUTH FAMILY CARE CENTER, INC.

Please note name change (see attached)

Principal Place of Business

Mailing Address

9753 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32821
US

9753 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32821
US

200001515002
-06/16/95--01032--009
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

03/22/1994

4. FEI Number

59-3105726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 10355 ORANGewood Blvd

2a. Mailing Address

26 10365 ORANGewood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32821

Country

25 ORANGE

Zip

29 32821

Country

30 ORANGE

9. Name and Address of Current Registered Agent

GOMEZ, LUIS F.
1500 SO. SEMORAN BLVD.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name Adalberto ARANA, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
10355 ORANGewood Blvd.

83

84 City Orlando

FL

85 Zip Code 32821

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X *[Signature]*

President

DATE

5/10/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME ARANA, A., JR.
STREET ADDRESS 10244 EAST COLONIAL DR.
CITY ST ZIP ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

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CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10355 ORANGewood Blvd

1.4 CITY ST ZIP Orlando, FL 32821

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

President

5/10/95

407-351-3317