2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90160 023 ***150.00

DOCUMENT # S37463

1. Entity Name
FAITH HEALTH CARE, INC.

Principal Place of Business
11401 SW 40TH ST
265
MIAMI FL 33165
US

Mailing Address
11401 SW 40TH ST
265
MIAMI FL 33165
US

C00013177

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0252886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, IRMA
2780 SW 87 AVE., #110
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name Irma Delgado
Street Address (P.O. Box Number is Not Acceptable) 11401 SW 40 ST suite 265
Miami Florida
City FL Zip Code 33165

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELGADO, IRMA
STREET ADDRESS	4516 SW 146 CT
CITY-ST-ZIP	MIAMI FL 33175
	☐ Delete
TITLE	D
NAME	SUAREZ, ANA
STREET ADDRESS	2401 S.W. 128 CT.
CITY-ST-ZIP	MIAMI FL
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President
NAME	
STREET ADDRESS	13874 SW 41 Terr
CITY-ST-ZIP	Miami Florida 33175
	☒ Change ☐ Addition
TITLE	Vice President
NAME	
STREET ADDRESS	3202 SW 147 Ave
CITY-ST-ZIP	Davie Florida 33300
	☒ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED President 1/9/03 305-228-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #