

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F18077**

(O)

1. Corporation Name

FAMILY HEALTH CARE CENTER, INC.

Principal Place of Business

627 71ST ST
MIAMI BEACH FL 33141

Mailing Address

627 71ST ST
MIAMI BEACH FL 33141

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

POTRKOWSKI, JOEL S
627-71ST ST
MIAMI BEACH FL

10. Name and Address of New Registered Agent

61	Name
62	Street Address (P.O. Box Number is Not Acceptable)
63	
64	City
	FL
	65 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REITTER, BEN 627-71ST-ST 201 NW 82 Ave #306 MIAMI-BECH, FL 33141 Plantation, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP VERBLOW, CLIVE 627-71ST-STREET 201 NW 82 Ave #306 MIAMI-BEACH-FL Plantation, FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD CAPO, ALEJANDRO 627-71ST-STREET 201 NW 82 Ave #306 MIAMI-BEACH-FL Plantation, FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD HEGAUNG, ZHENG 201 NW 82 AVE S-306 PLANTATION FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD Glick, Brad 201 NW 82 Ave #306 Plantation, FL 33324	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 receiver 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 a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NAMING OFFICER OR DIRECTOR

4-14-95 305-474-2398

Date

May 1995

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