

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F39985**

1. Entity Name  
**FAMILY CARE CLINIC, INC.**



Principal Place of Business  
**19411 NW 2ND AVE.  
MIAMI, FL 33169**

Mailing Address  
**19411 NW 2ND AVE.  
MIAMI, FL 33169**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2127229** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NELSON, BARRY A ESQ.  
NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., #118  
NORTH MIAMI BEACH, FL 33160**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	<b>PVD CHIN, VINCENT 19411 NW 2ND AVE MIAMI FL,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CHIN, MARCIA 19411 NW 2ND AVE MIAMI FL,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000718679  
05/01/07-80030-021 150.00

**DO NOT WRITE  
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:

*Vincent Chin* **VINCENT CHIN** 4/16/07 305-653-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #