

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39985

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

19411 NW 2ND AVE.  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

19411 NW 2ND AVE.  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 59-2127229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: CHIN, VINCENT  
Address: 19411 NW 2ND AVE  
City-St-Zip: MIAMI FL,

Title: STD  
Name: CHIN, MARCIA  
Address: 19411 NW 2ND AVE  
City-St-Zip: MIAMI FL,

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT CHIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PVD

02/09/2012

\_\_\_\_\_  
Date