

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000012100**

1. Entity Name  
**COMPLETE FAMILY MEDICAL CARE, INC.**



Principal Place of Business  
**1125-27 NW 22 AVE  
MIAMI, FL 33125**

Mailing Address  
**1125-27 NW 22 AVE  
MIAMI, FL 33125**



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0980495**

Applied For  
Not Applicable

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

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

**WEITZMAN, JACK  
9190 SUNSET DRIVE  
MIAMI, FL 33173**

**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, 2004 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  
**VD  
LOPEZ, FELICIA  
14597 SW 112 ST  
MIAMI, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAIQUEZ, ADONIS  
850 N. MIAMI AVE, #1810  
MIAMI, FL 33136**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LOPEZ, LUIS A  
14597 SW 112ND ST  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1190000156762  
05/05/04-20087-019 150.00

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IN THIS SPACE**

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 the empowered.

**SIGNATURE:** *Felicia A Lopez - Felicia Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-04*

Date

*(305) 649-6111*

Daytime Phone #