

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012100

FILED  
Jun 17, 2004  
Secretary of State

Entity Name: COMPLETE FAMILY MEDICAL CARE, INC.

## Current Principal Place of Business:

1125-27 NW 22 AVE  
MIAMI, FL 33125

## New Principal Place of Business:

## Current Mailing Address:

1125-27 NW 22 AVE  
MIAMI, FL 33125

## New Mailing Address:

FEI Number: 65-0980495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEITZMAN, JACK  
9190 SUNSET DRIVE  
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: LOPEZ, FELICIA  
Address: 14597 SW 112 ST  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: MAIQUEZ, ADONIS  
Address: 850 N. MIAMI AVE, #1810  
City-St-Zip: MIAMI, FL 33136

Title: S ( ) Delete  
Name: LOPEZ, LUIS A  
Address: 14597 SW 112ND ST  
City-St-Zip: MIAMI, FL 33125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOPEZ, FELICIA  
Address: 14597 SW 112 ST  
City-St-Zip: MIAMI, FL 33186

Title: VD (X) Change ( ) Addition  
Name: MAIQUEZ, ADONIS  
Address: 850 N. MIAMI AVE, #1810  
City-St-Zip: MIAMI, FL 33136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FELICIA A LOPEZ

D

06/17/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date