

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000043369 1. Entity Name MIAMI DADE HEALTH CENTERS, INC.	
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Principal Place of Business 2600 WEST FLAGLER STREET MIAMI, FL 33135 US	Mailing Address 3233 PALM AVENUE 4TH FLOOR HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1019326	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, CARLOS M
3233 PALM AVE., 4TH FLOOR
HIALEAH, FL 33012**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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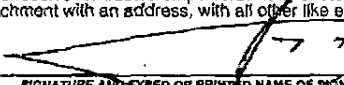
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, DR. LUIS 3233 PALM AVE 4TH FLOOR HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, CARLOS M 3233 PALM AVE 4TH FLOOR HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JOSE M SR. 3233 PALM AVE 4TH FLOOR HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80030-009 150.00

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:  **1-12-06** **(305) 642-0590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #