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.

Principal Place of Business	Mailing Address
2600 WEST FLAGLER STREET MIAMI, FL 33135 US	3233 PALM AVENUE 4TH FLOOR HIALEAH, FL 33012 US

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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

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

UD0000396958
01/30/06-80030-009 150.00

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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) 643-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #