

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 031 ***150.00

DOCUMENT # P00000114064

1. Entity Name

SALAZAR FAMILY HEALTH CARE, INC.



Principal Place of Business

**1310 N. CHURCH AVE
MULBERRY FL 33860**

Mailing Address

**PO BOX 1312
MULBERRY FL 33860**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3686278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAZAR, PATRICIA G
1310 N. CHURCH AVE
MULBERRY FL 33860**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSD
NAME: SALAZAR, PATRICIA G
STREET ADDRESS: 403 NORTH CHURCH AVENUE
CITY-ST-ZIP: MULBERRY FL 33860 ☐ Delete

TITLE: D
NAME: EDWARDS, CAROLE P
STREET ADDRESS: 403 NORTH CHURCH AVENUE
CITY-ST-ZIP: MULBERRY FL 33860 ☐ Delete

TITLE: D
NAME: VARGAS, WILLIAM MD
STREET ADDRESS: 403 NORTH CHURCH AVENUE
CITY-ST-ZIP: MULBERRY FL 33860 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD
NAME: SALAZAR, PATRICIA G
STREET ADDRESS: 1310 N. CHURCH AV
CITY-ST-ZIP: MULBERRY, FL 33860 ☐ Change ☐ Addition

TITLE: D
NAME: EDWARDS, CAROLE P
STREET ADDRESS: 1310 N. CHURCH AV
CITY-ST-ZIP: MULBERRY, FL 33860 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/25/05

863 6/9-5-201

ATTACHMENT

50058/20
P00000114064

Salazar Family Health Care, Inc
P. O. Box 1312
Mulberry, FL 33850-1312

July 22, 2005

Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

To Whom It May Concern:

Please find attached my check for \$150.00 for the 2005 year. I am requesting that the late fee be waived since I have just received this document two days ago. I have not received any other so I did not know that this was owed.

I have made address change and deleted one person from the form.

Sincerely,



Patricia G. Salazar