


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90029 039 ***150.00

DOCUMENT # P00000114064	
1. Entity Name	
SALAZAR FAMILY HEALTH CARE, INC.	

Principal Place of Business	Mailing Address
1310 N. CHURCH AVE MULBERRY FL 33860	PO BOX 1312 MULBERRY FL 33860



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

1st MOORE CR2E034 (10/05)

Zip	Country	Zip	Country
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4. FEI Number	59-3686278	Applied For	Not Applicable
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6. Name and Address of Current Registered Agent	
SALAZAR, PATRICIA G 1310 N. CHURCH AVE MULBERRY FL 33860	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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7. Name and Address of New Registered Agent	
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 <i>[Signature]</i> error	DATE 01/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> Delete
NAME	SALAZAR, PATRICIA G
STREET ADDRESS	1310 NORTH CHURCH AVENUE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D <input type="checkbox"/> Delete
NAME	EDWARDS, CAROLE P
STREET ADDRESS	1310 NORTH CHURCH AVENUE
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<i>Elena Halbis</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>2117 Bristol Ave</i>
STREET ADDRESS	<i>Lakeland, FL 33805</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>	DATE: 01/28/06	DAYTIME PHONE #: 863 425-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		