

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007649

FILED  
Jul 07, 2005  
Secretary of State

**Entity Name:** BELLE GLADE FAMILY HEALTH GROUP INC.

**Current Principal Place of Business:**

15 WEST CANAL ST NORTH  
SUITE A  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

9990 SW 145 ST.  
MIAMI, FL 33176

**New Mailing Address:**

15 WEST CANAL STREET NORTH  
SUITE A  
BELLE GLADE, FL 33430

**FEI Number:** 65-1069310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESCOTO, HORTENSIA  
15-A WEST CANAL ST NORTH  
BELLE GLADE, FL 33480 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATEU, DINORAH  
Address: 1855 NW 15 AVENUE., APT 1603  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DINORAH MATEU

PD

07/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date