

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90076 014 ***150.00

DOCUMENT # P01000066687

1. Entity Name
MICALE PROPERTIES, INC.



Principal Place of Business
**2 PACHECO STREET
SAN FRANCISCO, CA 94116 US**

Mailing Address
**2 PACHECO STREET
SAN FRANCISCO, CA 94116 US**

40009210



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01242007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1122078

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

**INPATIENT CARE, INC.
1987 NW 88TH COURT
SUITE 101
MIAMI, FL 33172**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**D
MARTIN, MICHAEL J MD
2 PACHECO STREET
SAN FRANCISCO, CA 94116**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PRESIDENT
MICHAEL J. MARTIN
2 PACHECO STREET
SAN FRANCISCO, CA 94116-1435**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VICE PRESIDENT
JEANNEE P. MARTIN
2 PACHECO ST
SAN FRANCISCO CA 94116-1435**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**SECRETARY
PATRICIA A. REED
830 SOUTH FIFTH ST.
CENTRAL POINT, OR 97502-2860**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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:

Michael J. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 415-665-5624
Date Daytime Phone #