

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000027485

1. Entity Name
IDEAL H.R.S. MEDICINE PROGRAM CORP.



Principal Place of Business
**900 WEST 49 STREET #440
HIALEAH, FL 33012**

Mailing Address
**900 WEST 49 STREET #440
HIALEAH, FL 33012**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0566687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA MARTINEZ, ISI
900 WEST 49 STREET #440
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000419216
02/14/06-80038-015 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTINEZ, ISIS GARCIA
125 WEST 51 STREET
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MARTINEZ, ALEX
125 WEST 51 STREET
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06

786-201 0760