

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000034453

1. Entity Name

A.S.A. MEDICAL CARE PLUS: INC.



Principal Place of Business

2525 NW 54TH ST
MIAMI, FL 33142

Mailing Address

2525 NW 54TH ST
MIAMI, FL 33142



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number

45-0470686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ACEVEDO, ARMANDO E
8961 SW 27TH ST
MIAMI, FL 33165

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ACEVEDO, ARMANDO E
2525 NW 54TH ST
MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SAURA, LOURDES
189 CARLISLE DR
MIAMI SPRINGS, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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07/01/05-80004-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 titles empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO E. ACEVEDO, DIR.

Date

Daytime Phone #

(305) 633-9090