2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 27, 2006 8:00 am
Secretary of State
02-06-2006 90082 039 ***150.00

DOCUMENT # P02000111839

1. Entity Name
SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.

66002833

Principal Place of Business	Mailing Address
2600 DOUGLAS RD 400 CORAL GABLES, FL 33134	2600 DOUGLAS RD 400 CORAL GABLES, FL 33134

01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1136359
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVE STE 1901
MIAMI, FL 33131

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: X
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

10. OFFICERS AND DIRECTORS

TITLE	D Director
NAME	ARMAS, JOSE
STREET ADDRESS	2600 DOUGLAS RD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D Director
NAME	VALVERDE, FERNANDO J
STREET ADDRESS	2600 DOUGLAS RD SUITE 400
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	Manager
NAME	Roberto Martinez
STREET ADDRESS	2600 Douglas Rd. Suite 400
CITY-ST-ZIP	Coral Gables, FL 33134
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 #

ATTACHMENT
06000233

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Please see attached!

February 8, 2006

SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.
2600 DOUGLAS RD
400
CORAL GABLES, FL 33134

Subject: **SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.**

Reference Number: **P02000111839**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION