

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 032 ***550.00

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



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

Mailing Address
2600 DOUGLAS RD
400
CORAL GABLES, FL 33134
391 Coalway #303 Miami, FL 33145

40126040



DO NOT WRITE IN THIS SPACE

07102007 No Chg-P CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARMAS, JOSE
STREET ADDRESS 2600 DOUGLAS RD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME VALVERDE, FERNANDO J
STREET ADDRESS 2600 DOUGLAS RD SUITE 400
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME MARTINEZ, ROBERTO
STREET ADDRESS 2600 DOUGLAS RD STE 400
CITY-ST-ZIP MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #