

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 15 AM 7:54

66429659

1128/04 01017 006 150.00



07062004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000127903

1. Entity Name  
S.M HEALTH CARE, INC.



Principal Place of Business  
2108 W 68ST  
HIALEAH, FL 33016

Mailing Address  
2108 W 68ST  
HIALEAH, FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2086056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASANOVA, EDUARDO R  
695 W 28 ST #5  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name EDUARDO CASANOVA

Street Address (P.O. Box Number is Not Acceptable)

7221 NW 174 TERRACE UNIT 3 APT 02

City MIAMI

FL

Zip Code 33065

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

7/6/04

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME CASANOVA, EDUARDO R  
STREET ADDRESS  
CITY-ST-ZIP 695 W 28 ST #5  
HIALEAH, FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

Daytime Phone #

111500

Attachment

66429659

# P02000127903


Division Of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

S.M. Health care  
2108 W 68 St  
Hialeah, FL 33016

To whom it may concern:

The following is in regards to an application that was submitted in along with a check # 1081 of the amount of \$150.00. I writing the following in response to the letter I received stating that I had not submitted the present therefore I send you a copy of the check that was cashed by my bank check that was sent along with the application.

Therefore I ask to waive any late fees that may be charged until that application arrives.

Sincerely,  
  
Eduardo Casanova  
President