

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021830

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: FAMILY CARE MEDICAL CENTER II, INC.

## Current Principal Place of Business:

15500 NEW BARN ROAD STE 202  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

18518 NW 67TH AVE  
MIAMI LAKES, FL 33015

## Current Mailing Address:

15500 NEW BARN ROAD STE 202  
MIAMI LAKES, FL 33014

## New Mailing Address:

18518 NW 67TH AVE  
MIAMI LAKES, FL 33015

FEI Number: 04-3742722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBLES, NORA  
15500 NEW BARN RD STE 202  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

ROBLES, NORA  
18518 NW 67TH AVE  
MIAMI LAKES, FL 33015 US

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.

SIGNATURE: NORA ROBLES

07/14/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ROBLES, NORA  
Address: 15500 NEW BARN ROAD STE 202  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: ROBLES, NORA  
Address: 18518 NW 67TH AVE  
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA ROBLES

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date