

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021830

FILED  
Mar 22, 2010  
Secretary of State

Entity Name: FAMILY CARE MEDICAL CENTER II, INC.

**Current Principal Place of Business:**

18518 NW 67TH AVE  
SUITE A  
MIAMI LAKES, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18518 NW 67TH AVE  
SUITE A  
MIAMI LAKES, FL 33015

**New Mailing Address:**

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  
18518 NW 67TH AVE  
SUITE A  
MIAMI LAKES, FL 33015 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ROBLES, NORA  
Address: 18518 NW 67TH AVE , SUITE A  
City-St-Zip: MIAMI LAKES, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: NORA ROBLES

PSTD

03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date