

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034175

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH CARE PROVIDERS, INC.

**Current Principal Place of Business:**

5881 NW 151 STREET, #103  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

5881 NW 151 STREET, #103  
MIAMI LAKES, FL 33014 US

**Current Mailing Address:**

5881 NW 151 STREET, #103  
MIAMI LAKES, FL 33014

**New Mailing Address:**

5881 NW 151 STREET, #103  
MIAMI LAKES, FL 33014 US

**FEI Number:** 03-0512092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES, AMY  
351 NW 135 TERR #102  
PEMBROKE PINES, FL 33028 US

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

HUGHES, AMY  
5881 NW 151 STREET  
SUITE # 103  
MIAMI LAKES, FL 33014 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: AMY HUGHES

04/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HUGHES, AMY  
Address: 351 NW 135 TERR #102  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HUGHES, AMY  
Address: 5881 NW 151 STREET SUITE # 103  
City-St-Zip: MIAMI LAKES, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY HUGHES

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date