

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000095444

1. Entity Name
A VICTORY HEALTH CARE, INC



Principal Place of Business

**6447 MIAMI LAKES DRIVE EAST STE 222F
MIAMI LAKES, FL 33014**

Mailing Address

**6447 MIAMI LAKES DRIVE EAST STE 222F
MIAMI LAKES, FL 33014**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1186228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, ESTHER M
6920 HOLLY RD
MIAMI LAKES, FL 33014**

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, ESTHER M 6920 HOLLY RD MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PEREZ, ALICIA 781 EAST 45TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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05/10/06-80029-013 150.00

**DO NOT WRITE
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

4/25/06 **(305) 820-8727**
Date Daytime Phone #