


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90382 007 ***150.00

DOCUMENT # P03000099622 1. Entity Name HEALTHY FAMILY CARE CENTER, INC.					
Principal Place of Business 225 WEST 61 ST HIALEAH, FL 33012			Mailing Address 225 WEST 61 ST HIALEAH, FL 33012		
2. Principal Place of Business 717 PONCE DE LEON BLVD.			3. Mailing Address 717 PONCE DE LEON BLVD.		
Suite, Apt. #, etc. #309			Suite, Apt. #, etc. #309		
City & State CORAL GABLES, FL.			City & State CORAL GABLES, FL.		
Zip 33134		Country 		Zip 33134	
Country 		Country 		4. FEI Number 20-0232096	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAMUELL, JORGE L 225 WEST 61 ST HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name JORGE SAMUELL Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD. #309 City CORAL GABLES FL	
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 <u><i>Jorge Samuell</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMUELL, JORGE L 225 WEST 61 ST HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARRERO, YOLEXI 3100 S.W. 96 AVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jorge Samuell</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					