

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000099622

FILED  
Oct 07, 2004  
Secretary of State

Entity Name: HEALTHY FAMILY CARE CENTER, INC.

## Current Principal Place of Business:

717 PONCE DE LEON BLVD  
#309  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## New Mailing Address:

717 PONCE DE LEON BLVD  
#309  
CORAL GABLES, FL 33134

## Current Mailing Address:

225 WEST 61 ST  
HIALEAH, FL 33012

FEI Number: 20-0232096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMUELL, JORGE L  
225 WEST 61ST ST.  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

SAMUELL, JORGE L  
717 PONCE DE LEON BLVD  
# 309  
CORAL GABLES, FL 33134 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: JORGE L. SAMUELL

10/07/2004

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: PD ( ) Delete  
Name: SAMUELL, JORGE L  
Address: 225 WEST 61 ST  
City-St-Zip: HIALEAH, FL 33012

Title: VD ( ) Delete  
Name: MARRERO, YOLEXI  
Address: 3100 S.W. 96 AVE  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAMUELL, JORGE L  
Address: 717 PONCE DE LEON BLVD UNIT 309  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change ( ) Addition  
Name: MARRERO, YOLEXI  
Address: 717 PONCE DE LEON BLVD UNIT 309  
City-St-Zip: CORAL GABLES, FL 33134

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: JORGE L. SAMUELL

PRES

10/07/2004

Electronic Signature of Signing Officer or Director

Date