

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 017 ***150.00

DOCUMENT # P03000106306

1. Entity Name
CAREMED INSTITUTE CORP.



Principal Place of Business

**1715 WEST 79TH STREET
HIALEAH, FL 33014
434 SW 12 ave, Suite 306
Miami, FL 33135**

Mailing Address

**1715 WEST 79TH STREET
HIALEAH, FL 33014
434 SW 12 ave Suite 306
Miami FL 33135**

94021212



2. Principal Place of Business

**434 SW 12 ave
Suite # 306**

3. Mailing Address

**434 SW 12 ave
Suite 306**

02182004

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

20-0262097

Applied For

Not Applicable

Zip

33135

Country

Dade

Zip

33135

Country

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, LOURDES
1715 WEST 79TH STREET
HIALEAH, FL 33014**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FERNANDEZ, LOURDES**
STREET ADDRESS **1715 WEST 79TH STREET**
CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE **D** ☐ Delete
NAME **FERNANDEZ, MADELYN**
STREET ADDRESS **17650 NW 68TH AVENUE #A3002**
CITY-ST-ZIP **MIAMI LAKES, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Madelyn Hernandez

Madelyn Hernandez

Date

Daytime Phone #

02-23-04 305 541 4863