

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130345

FILED  
May 31, 2006  
Secretary of State

Entity Name: FAMILY HEALTH CARE CORP.

## Current Principal Place of Business:

1800 W. 49 ST. #203  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

1800 W. 49 ST. #203  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 20-0397318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALVAREZ, MARILYN  
1820 WEST 53 ST #107  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

ALVAREZ, MARILYN  
1910 WEST 56 ST  
3306  
HIALEAH, FL 33012 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:

05/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVAREZ, MARILYN  
Address: 1820 WEST 53 ST #107  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALVAREZ, MARILYN  
Address: 1910 WEST 56 ST # 3306  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARILYN

PR

05/31/2006

Electronic Signature of Signing Officer or Director

Date