

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025905

1. Entity Name
HOPE OF LIFE MEDICAL CARE, INC.



Principal Place of Business
**1406 JF KENNEDY CAUSEWAY SUITE B
NORTH BAY VILLAGE, FL 33141**

Mailing Address
**1406 JF KENNEDY CAUSEWAY SUITE B
NORTH BAY VILLAGE, FL 33141**



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0643640	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

**LORENZO, ROBERTO E
7537 ADVENTURE AVE
NORTH BAY VILLAGE, FL 33141**

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000573222
08/03/06-80001-011 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LORENZO, ROBERTO E 7537 ADVENTURE AVE NORTH BAY VILLAGE, FL 33141
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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 info empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #