

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000035169

1. Entity Name
MEDICAL FAMILY CENTER, INC.



FILED

05 MAR 10 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1990 S.W. 1ST ST.
SUITE 101
MIAMI, FL 33135

Mailing Address
1990 S.W. 1ST ST.
SUITE 101
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092005

Chg-P

CR2E034 (10/03)

05

4. FEI Number

87-0720518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ORLANDO
4500 SW 67 AVE.
NO. 12
MIAMI, FL 33155

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$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
VD
MEJIA, EDWIN
1990 S.W. 1ST ST.
MIAMI, FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500048829865
03/22/05--01007--004 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PS
GONZALEZ, ORLANDO
4500 SW 67 AVE., NO 12
MIAMI, FL 33155 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #