

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000039646

1. Entity Name
FAMCARE MEDICAL CENTER, INC.



FILED

05 FEB 24 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5210 S.W. 166TH AVENUE
SOUTHWEST RANCHES, FL 33331

Mailing Address
5210 S.W. 166TH AVENUE
SOUTHWEST RANCHES, FL 33331



2. Principal Place of Business
3068 Palm Ave

3. Mailing Address
3068 Palm Ave

Suite, Apt. #, etc.
#C

Suite, Apt. #, etc.
#C

02232005

Chg-P

CR2E034 (10/03)

MRS

City & State
Hialeah Florida

City & State
Hialeah Florida

4. FEI Number

20-1076961

Applied For

Not Applicable

Zip
33012

Country
DADE

Zip
33012

Country
DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POVEDA, HECTOR A JR.
5210 S.W. 166TH AVENUE
SOUTHWEST RANCHES, FL 33331

7. Name and Address of New Registered Agent

Name
Hector Poveda JR.

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

3068 Palm Ave. #C

City
Hialeah

FL

Zip Code
33012

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-05

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

TITLE
NAME
P
POVEDA, HECTOR A JR. ☐ Delete
STREET ADDRESS
5210 S.W. 155TH AVENUE
CITY-ST-ZIP
SOUTHWEST RANCHES, FL 33331

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
New Address only ☒ Change ☐ Addition
STREET ADDRESS
3068 Palm Ave #C
CITY-ST-ZIP
Hialeah FL 33012

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

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
500048059385
CITY-ST-ZIP
03/09/05--01051--002 **150.00

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
500048059385
CITY-ST-ZIP
03/09/05--01051--003 **8.75

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

TITLE
NAME
☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05

Date

954 4452514

Daytime Phone #