

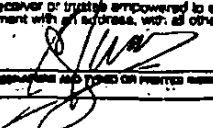
04/29/2005 10:03 9543851726

MARK D WARSH

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90429 008 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000045811			
1. Entity Name B & C FAMILY HEALTH GROUP P.A.			
Principal Place of Business 15025 NW 77TH AVENUE SUITE 110 MIAMI LAKES, FL 33014 US		Mailing Address 15025 NW 77TH AVENUE SUITE 110 MIAMI LAKES, FL 33014 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 200871472		Applied For Not Applicable	
5. Certificate of Status Desired ☐		6. Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent WARSHAYER, MARK D CPA 1840 TOWN CENTER CIRCLE SUITE 210 WESTON, FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 obligation of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and the 3 exceptions. (NOTE: Registered Agent signature required when completing)			
FILE NUMBER FEE IS \$100.00 After May 1, 2006 Fee will be \$500.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUCURULLO, ROBERTO 18025 NW 77TH AVENUE #110 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T BOLUFER, FERNANDO A 15025 NW 77TH AVENUE #110 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 this 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, vest, or other like empowerment.			
SIGNATURE: 		Date: 4/29/05 305 822-5816	

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04282005 Chg-P CR2E004 (10/03)