

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060044

1. Entity Name
CARE MEDICAL OFFICE INC.



05 MAY -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3750 W 16 AVE
STE 126 U
HIALEAH, FL 33012

Mailing Address

3750 W 16 AVE
STE 126 U
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005

Chg-P

CR2E034 (10/03)

05

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, LAZARO
3750 W 16 AVE
STE 126 U
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name MARICEL B. Hernandez
Street Address (P.O. Box Number is Not Acceptable)
3750 W 16 AVE STE 126 U
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, typed or printed name of registered agent and title if 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

TITLE PD
NAME CASTRO, LAZARO A ☒ Delete
STREET ADDRESS 3750 W 16 AVE STE 126 U
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD
NAME VILLAFUERTE, BEATRIZ ☒ Delete
STREET ADDRESS 3750 W 16 AVE STE 126 U
CITY-ST-ZIP HIALEAH, FL 33012

TITLE D
NAME ESPINAL, OSMANY ☒ Delete
STREET ADDRESS 3750 W 16 AVE STE 126 U
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPST
NAME MARICEL B. Hernandez ☐ Change ☒ Addition
STREET ADDRESS 3750 W 16 AVE STE 126 U
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
NAME 800054685358 ☐ Change ☐ Addition
STREET ADDRESS 05/17/05--01062--021
CITY-ST-ZIP **150.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B