

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90054 004 ***150.00

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02142005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000080488	
1. Entity Name FLORIDA STATE HEALTH CARE GROUP, INC.	

Principal Place of Business 9940 SW 48TH STREET MIAMI, FL 33165	Mailing Address 9940 SW 48TH STREET MIAMI, FL 33165
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2. Principal Place of Business 10031 SW 72 ST Suite, Apt. #, etc.	3. Mailing Address 10031 SW 72 ST Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida
Zip 33173	Zip 33173
Country U.S.A.	Country

4. FEI Number 37-1490465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, ALEIDO E 9940 SW 48TH STREET MIAMI, FL 33165	
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7. Name and Address of New Registered Agent Name Perez Aleido E. Street Address (P.O. Box Number is Not Acceptable) 10031 SW 72 Street City Miami FL Zip Code 33173	
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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 *x Perez Aleido E.* DATE 02/14/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ALEIDO E. 9940 SW 48TH STREET MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez Aleido E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10031 SW 72nd St 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x Perez Aleido E.* DATE 02/14/05 (305) 275-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR