

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000095789

1. Entity Name
MIAMI FAMILY CARE, INC.



Principal Place of Business
15806 SW 98TH STREET
MIAMI, FL 33196

Mailing Address

15806 SW 98TH STREET
MIAMI, FL 33196

2. Principal Place of Business
11880 SW 40 street #404

3. Mailing Address
15806 SW 98 street

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI FL

City & State

FL

City & State

Zip

33175

Country

USA

Zip

33196

Country

USA

6. Name and Address of Current Registered Agent

UBEDA, RAFAEL A
15806 SW 98TH STREET
MIAMI, FL 33196

7. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

7-11-05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME UBEDA, RAFAEL A
STREET ADDRESS 15806 SW 98TH STREET
CITY-ST-ZIP MIAMI, FL 33196

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE UBEDA RAFAEL A MD.
NAME
STREET ADDRESS 11840 SW 40 street suite 404
CITY-ST-ZIP MIAMI, FL 33175

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

N/A

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CITY-ST-ZIP

Change Addition

N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

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

8/25/05 305 586 9812

Date

Daytime Phone #

is the same signature as in 8

305-2547576.-

8

**FILED
Sep 09, 2005 8:00 am
Secretary of State**

08-15-2005 90081 031 ***150.00

66027171

