


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-15-2005 90081 031 ***150.00

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 N/A	
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] Date: 7-11-05		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD UBEDA, RAFAEL A 15806 SW 98TH STREET MIAMI, FL 33196 <input type="checkbox"/> Delete OK	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	UBEDA RAFAEL A MD. <input type="checkbox"/> Delete 11840 SW 40 street suite 404 MIAMI FL 33175 OK	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]		8/25/05 305 5869812	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

is the same signature as in 8

305-2547576