

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095789

Entity Name: MIAMI FAMILY CARE, INC.

**FILED**  
**Aug 28, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

8774 SW 8 STREET  
MIAMI, FL 33174 US

## **New Principal Place of Business:**

925 NE 30TH TERR.  
# 206  
HOMESTEAD, FL 33033 US

## **Current Mailing Address:**

8774 SW 8 STREET  
MIAMI, FL 33174 US

## **New Mailing Address:**

925 NE 30TH TERR.  
# 206  
HOMESTEAD, FL 33033 US

FEI Number: 20-1291525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

UBEDA, RAFAEL A  
8774 SW 8 STREET  
MIAMI, FL 33174 US

## **Name and Address of New Registered Agent:**

UBEDA, RAFAEL A  
925 NE 30TH TERR.  
3 206  
HOMESTEAD, FL 33033 US

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.

SIGNATURE: RAFAEL A. UBEDA

08/28/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: UBEDA, RAFAEL A M.D.  
Address: 925 NE 30TH TERR. SUITE# 206  
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL A. UBEDA

PSTD

08/28/2010

Electronic Signature of Signing Officer or Director

Date