

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 010 ***158.75

DOCUMENT # P04000133724

1. Entity Name

LAS MERCEDES HEALTH CARE, INC.



Principal Place of Business

11373 WEST FLAGLER ST
SUITE 213
MIAMI FL 33174

Mailing Address

11373 WEST FLAGLER ST
SUITE 213
MIAMI FL 33174



2. Principal Place of Business
11373 W FLAGLER ST.

3. Mailing Address
SAME AS SHONED

Suite, Apt. #, etc.
213

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State
MIAMI, FL.

City & State

4. FEI Number
57-1212882

Applied For
Not Applicable

Zip
33174

Country
MIAMI DADE

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE ARMAS, LUIS ENRIQUE
11373 WEST FLAGLER ST
SUITE 213
MIAMI FL 33174

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DE ARMAS, LUIS ENRIQUE
STREET ADDRESS 11373 WEST FLAGLER ST SUITE 213
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VT ☐ Change ☐ Addition
NAME MARIA E. MAURI DE ARMAS
STREET ADDRESS 11373 W FLAGLER ST. # 213
CITY-ST-ZIP MIAMI, FL. 33174

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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

2/14/06

305-220-7730

Date

Daytime Phone #