

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000164223

1. Entity Name
FLORIDA HEALTHCARE PLUS, INC.



Principal Place of Business
**700 E 1ST AVE
 HIALEAH, FL 33010**

Mailing Address
**700 E 1ST AVE
 HIALEAH, FL 33010**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2493693** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUIRANTES, RAMON JR
 700 E 1ST AVE
 HIALEAH, FL 33010**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

1100000544629
 05/11/06-80043-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUIRANTES, RAMON JR
STREET ADDRESS	700 E 1ST AVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

4-25-06 (35) 883-1060
Date Daytime Phone #