

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/20/2005-90025-024-\$150.00-\$150.00

B 182

DOCUMENT # P04000165701

1. Entity Name
SUPERIOR HEALTH CARE INC



Principal Place of Business
248-B NW LEJEUNE RD SUITE 102
MIAMI, FL 33126

Mailing Address
248-B NW LEJEUNE RD SUITE 102
MIAMI, FL 33126

FILED
05 AUG 18 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50056277



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1983386

Applied For
Not Applicable

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

VILLEGAS, JULIO F
248-B NW LEJEUNE RD SUITE 102
MIAMI, FL 33126

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 resigning)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$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	PD VILLEGAS, JULIO F 248-B NW LEJEUNE RD SUITE 102 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7-12-05

Date

Daytime Phone

T. Roberts AUG 18 2005

PS 292

ATTACHMENT

704000165761
50056277

July 14, 2005

Florida Department of Corporations
Annual Report Department

Dear Sir/Madam:

I have just received the card showing that our corporation will be dissolved if we do not pay \$550 by September 7. We were waiting for the annual report form in the mail from the EState of Florida and we did not receive it and so, we were not able to file it on time. Our accountant has just informed us that we could get it on-line.

Please accept our annual report with the \$150 filing fee. We will make sure to get this form on-line next year by the due date.

Thanks,

Julio Villagas

