2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # P05000009987 1. Entity Name FAMILY MEDICAL CENTER OF HOMESTEAD INC					03-06-2006	5 90019 029	***15	50.00
Principal Place of Business 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Mailing Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030		- STE 1		- -	, .	III BOIM ABIIS IDIIB IBII	11 F 8 121 9 8 8 1	11 11 (1 1 11 1)
Place of Business	3. Mailing Addr	ess						
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.		02202006 Chg-P CR2E034 (11/05)				
City & State City & State							-	plied For t Applicable
Country	Zìp	Zip Country					75 Add	itional
6. Name and Address of Cur	rent Registered Agent		T .	7. Name and	Address of New F			
			Name				•	
CORONADO, NESTOR 7360 CORAL WAY STE 21			Street Address (P.O. Box Number is Not Acceptable)					
33155				•				
			City			FL ⁷	ip Code	3
named entity submits this statemetions of registered agent.	ent for the purpose of ch	nanging its register	ed office or regis	tered agent, or both	n, in the State of Fl	orida. Lam famili	ar with,	and accept
.E NOW!!! FEE IS \$150.00	9. Electi	on Campaign Fina	ncing \$	5.00 May Be				
				ADDITIONS/	CHANGES TO OFF			
ARRAZOLA, ORLANDO 125 NE 8 ST - STE 1		NAI STR	AE EET ADDRESS				Change	Addition
D ARRAZOLA, CELIA L 125 NE 8 ST - STE 1		NAF STR	AE EET ADDRESS				Change	Addition
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		NAI STF	ME EET ADDRESS				Change	Addition
		NA/ Str	ME LEET ADORESS				Change	Addition
		NA	ME				Change	Addition
	MEDICAL CENTER OF H e of Business - STE 1 , FL 33030 Place of Business #, etc. Country 6. Name and Address of Cur DO, NESTOR AL WAY 33155 In named entity submits this statemed income of registered agent. Signature, typed or printed name of registered agent. E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$5 OFFICERS D ARRAZOLA, ORLANDO 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 D ARRAZOLA, CELIA L	MEDICAL CENTER OF HOMESTEAD IN e of Business	MEDICAL CENTER OF HOMESTEAD INC e of Business	MEDICAL CENTER OF HOMESTEAD INC e of Business - STE 1 - FIL 33030 Mailing Address 125 NE 8 ST - STE 1 - HOMESTEAD, FL 33030 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country Zip Country Street Address Street Address City & State Country Street Address City Street Address City Street Address Signature, iyoud or printed name of registered agent and lite of applicable. Populations of registered agent. Mame Name Street Address Signature, iyoud or printed name of registered agent and lite of applicable. Populations of registered Agent algorithment for the purpose of changing its registered office or registered agent. Population of printed name of registered agent and lite of applicable. Populations of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent and lite of applicable. Population of registered Agent algorithment agent	MEDICAL CENTER OF HOMESTEAD INC e of Business -SIE 1 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Tible of Business 3. Mailing Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Tible of Business 3. Mailing Address 4. FEI Number 6. Suite, Apt. #, etc. Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Box Number Street Address (P.O. Box Number AL, WAY 33155 City In a continuation of registered agent, or both terms of registered agent, or both terms of registered agent. Signature, hyped or printed name of registered agent and tise if applicable (NOTE: Registered Agent deposition of when remaining) E NOWIT! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 D CFFICERS AND DIRECTORS D ARRAZOLA, ORLANDO 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 D ARRAZOLA, CELIAL 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 D Olete NAME SIREET ADDRESS CITY-ST-2P D Delete NA	MeDICAL CENTER OF HOMESTEAD INC a of Business STET 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Againg Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Againg Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Againg Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Againg Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Againg Address Againg Address 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Againg Address Againg	MEDICAL CENTER OF HOMESTEAD INC of Business 1.STE 1 125 NE 8 ST - STE 1 1.FL 33030 HOMESTEAD, FL 33030 Home of Business 3. Mailing Address 1.FL 33030 HOMESTEAD, FL 33030 Home of Business 5. STE 1 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 Country 2.07 Country 2.07 Country 3. Mailing Address 4. FEI Jumbor 2.07 - 2 1/9 H33 5. Certificate of Status Desired \$8. Fee 1 Name and Address of New Registered Agent Name DO, NESTOR AL WAY 33155 City FL 2 City FL 3 Do ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR AL WAY Street Address (P.O. Box Number is Not Acceptable) DO ANESTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITUS FUND Contribution DO ARRAZOLA, ORLANDO 125 NE 8 ST - STE 1 HOMESTEAD, FL 33030 DOES MAKE SIRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P DOES MAKE SIRET ADDRESS CITY-ST-2P CITY-ST-2P DOES MAKE SIRET ADDRESS CITY-ST-2P CITY-ST-2P DOES MAKE SIRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST	MEDICAL CENTER OF HOMESTEAD INC e of Business -STE1 125 NE 8 ST - STE 1 HOMESTEAD, R. 33030 Toce of Business 3. Mailing Address 25 NE 8 ST - STE 1 HOMESTEAD, R. 33030 Toce of Business 3. Mailing Address 3. Mailing Address 4. FEI Number 26 Chy & State 27 Country 26 Country 27 Country 28 Country 29 Country 4. FEI Number 20 - 2199 443 Apr 1 Apr 20 Ap

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: ORIA do Arazola	2-22-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #