

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05000013057

1. Entity Name
TREASURE CARE MEDICAL CENTER INC



Principal Place of Business

**8100 SW 8 ST
SUITE # 02
MIAMI, FL 33144**

Mailing Address

**8100 SW 8 ST
SUITE # 02
MIAMI, FL 33144**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2215285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, LEIDIANA
2000 SW 80 CT
MIAMI, FL 33155**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

000000556215

05/16/06-80063-025 150.00

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DIAZ, LILIANA
8100 SW 8 ST #02
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CUNI, PEDRO
8100 SW 8 ST # 02
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CUNI, PEDRO
8100 SW 8 ST # 02
MIAMI, FL 33144**

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 person 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

Date

Daytime Phone #