

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

DOCUMENT # P05000083051

1. Entity Name

MAM HEALTH ENTERPRISES, INC.



Principal Place of Business

2028 SW 2ND ST
MIAMI, FL 33135

Mailing Address

2028 SW 2ND ST
MIAMI, FL 33135



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 27-0125367

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONZON, MARIA A
2028 SW 2ND ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name *MAM Healthcare Enterprises, INC*
Street Address (P.O. Box Number is Not Acceptable)
199 SW 12 Ave Suite #4
City *Miami* FL Zip Code *33130*

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 registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	MONZON, MARIA A	
STREET ADDRESS	2028 SW 2ND ST	
CITY, ST, ZIP	MIAMI FL 33135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROGELIO	
STREET ADDRESS	199 SW 12 AVE. #4	
CITY, ST, ZIP	MIAMI FL 33130	
TITLE	S	<input type="checkbox"/> Delete
NAME	ECHEVERRIA, ROCIO	
STREET ADDRESS	199 SW 12 AVE #4	
CITY, ST, ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #