

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083993

1. Entity Name  
FLORIDA CARE CENTER CORP.



FILED

07 OCT -3 AM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1883 WEST FLAGLER ST.  
SUITE 2  
MIAMI, FL 33135

Mailing Address  
1883 WEST FLAGLER ST.  
SUITE 2  
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

10022007 REIN-P CR2E098 (1/07)

4. FEI Number  
03-0563653

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, GONZALO  
749 W 63 DR  
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name  
GONZALO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

1883 west FLAGLER ST Suite 2.

City  
Miami

FL

Zip Code  
33135

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 reinstating)

DATE

10/2/07

FILE NOW!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
RODRIGUEZ, GONZALO  
749 W 63 DR  
HIALEAH, FL 33012 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
GONZALO RODRIGUEZ  
1883 W FLAGLER ST. Suite # 2  
Miami FL 33135 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
ARACELYS GONZALEZ  
1883 W FLAGLER ST SUITE #2 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MIAMI FL 33135  
100110993211  
10/19/07--01007--031 \*\*100.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100110993211  
10/19/07--01007--032 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

10/2/07

Date

Daytime Phone #