

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000096062 1. Entity Name FLORIDA MEDICAL CARE ASSOCIATES, INC.					
Principal Place of Business 464 W 51 PLACE HIALEAH FL 33012		Mailing Address 464 W 51 PLACE HIALEAH FL 33012			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 1st MOORE CR2E034 (10/05)	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent CABRERA, JORGE L 464 W 51 PLACE HIALEAH FL 33012	
7. Name and Address of New Registered Agent 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 reappointing)				DATE 4/20/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, JORGE L 464 W 51 PLACE HIALEAH FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000536630 05/08/06-80101-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAKHAR, RAINIER 4706 SW 160 AVE APT 134 MIRAMAR FL 33027	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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: *Jorge L. Cabrera MD* 4/20/06 (305) 5571281