

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2007 90062 040 \*\*\*150.00  
P06000017933

FILED

07 JUL -2 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000017933

1. Entity Name  
HOMESTEAD URGENT CARE, INC.



Principal Place of Business  
911 N KROME AVENUE  
HOMESTEAD, FL 33030

Mailing Address  
722 SE 27 DRIVE  
HOMESTEAD, FL 33030

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

909 N Krome AVE

3. Mailing Address

909 N Krome AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Homestead FL

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

20-4423016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASTRAN, RAUL E  
333 NE 8 STREET  
HOMESTEAD, FL 33030

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 reinitiating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TALARICO, SONIA  
STREET ADDRESS 722 SE 27 DRIVE  
CITY - ST - ZIP HOMESTEAD, FL 33033

TITLE D ☐ Delete  
NAME VAZQUEZ, LISETTE  
STREET ADDRESS 5663 SW 2ND STREET  
CITY - ST - ZIP MIAMI, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Talarico, Sonia  
STREET ADDRESS 909 N Krome AVE  
CITY - ST - ZIP Homestead FL 33030

TITLE D ☒ Change ☐ Addition  
NAME Vazquez, Lisette  
STREET ADDRESS 909 N Krome AVE  
CITY - ST - ZIP Homestead FL 33030

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

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

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

TITLE ☐ Change ☐ 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 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 affidavit, with an other like empowered.

SIGNATURE: *Lisette Vazquez* 3/1/07 (305) 606 4617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #