2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # P06000024187

1. Entity Name
HOMESTEAD FAMILY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
909 N KROME AVENUE HOMESTEAD, FL 33030	722 SE 27 DRIVE HOMESTEAD, FL 33033

02272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		909 N Krome Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Homestead Fl	
Zip	Country	Zip: 33030	Country: USA

4. FEI Number: 20-4423003 ☐ 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 reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALARICO, SONIA 722 SE 27 DRIVE HOMESTEAD, FL 33030	☐ Delete	D Talarico, Sonia 909 N Krome Ave Homestead Fl. 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAZQUEZ, LISETTE 5663 SW 2ND STREET MIAMI, FL 33134	☐ Delete	D Vazquez, Lisette 909 N Krome Ave Homestead Fl. 33030.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Lisette Vazquez 3/1/07 (305) 606-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #