

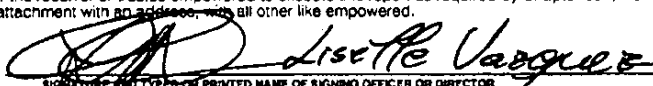
2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2007 90056 034 ***150.00
P06000024187

FILED

07 JUL -2 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
90029441

DOCUMENT # P06000024187			
1. Entity Name HOMESTEAD FAMILY MEDICAL CENTER, INC.			
Principal Place of Business 909 N KROME AVENUE HOMESTEAD, FL 33030		Mailing Address 722 SE 27 DRIVE HOMESTEAD, FL 33033	
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	Country
33030	USA	33030	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		7. Name and Address of New Registered Agent	
PASTRAN, RAUL E 333 NE 8 STREET HOMESTEAD, FL 33030		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 _____ (NOTE: Registered Agent signature required when renewing) 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Vazquez, Lisette 909 N Krome Ave Homestead FL 33030 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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: 		3/1/07 (305) 606-4112	