2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90002 014 ***150.00

DOCUMENT # P06000027150

1. Entity Name
FERNANDEZ PROFESSIONAL HEALTH CARE, INC

Principal Place of Business	Mailing Address
3751 NW 1 ST MIAMI FL 33126	3751 NW 1 ST MIAMI FL 33126

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4471 NW 36th ST	4471 NW 36th st
Suite, Apt. #, etc. Soit 211	Suite, Apt. #, etc. Soit 211
City & State Miami Springs FL	City & State Miami Springs FL
Zip 33166 Country ~~DAD~~ USA	Zip 33166 Country USA

4. FEI Number 20-4373235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JULIE
3751 NW 1 ST
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name FERNANDEZ, JULIE
Street Address (P.O. Box Number is Not Acceptable)
SAME
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] Julie Fernandez. 03/15/07
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
Make Check Payable to Florida Department of State

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	DP FERNANDEZ, JULIE 3751 NW 1 ST MIAMI FL 33126	☐ 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
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 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: [signature] 3/15/07 (786)546-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40120770
#P06000027150

June 11th, 2007

Please take note that the check that was sent to you has not been cashed, and we put a Stop Payment on that check.
Enclosed please find another check for the 150.00 Annual Report, and the corresponding FEIN number: 20-4373235

Thank You,

Julie Fernandez, CEO