

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 05, 2008
Secretary of State**

DOCUMENT# P07000053184

Entity Name: FAMILY CARE CENTER OF NORTH MIAMI INC.

Current Principal Place of Business:

6501 NW 36 ST
SUITE A413
VIRGINIA GARDEN, FL 33166

New Principal Place of Business:

6501 NW 36 ST
SUITE A413
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6501 NW 36 ST
SUITE 413
VIRGINIA GARDEN, FL 33166

New Mailing Address:

6501 NW 36 ST
SUITE 413
VIRGINIA GARDENS, FL 33166

FEI Number: 20-8969494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALVEZ HERRERA, JORGE
8838 NW 108 LN
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SABRY, TAMER
Address: 6501 NW 36 STREET, SUITE A413
City-St-Zip: VIRGINIA GARDEN, FL 33166

Title: VP () Delete
Name: DIAZ, JULIO
Address: 6501 NW 36 STREET, SUITE A413
City-St-Zip: VIRGINIA GARDEN, FL 33166

Title: S (X) Delete
Name: GALVEZ, JORGE
Address: 6501 NW 36 STREET, SUITE A413
City-St-Zip: VIRGINIA GARDEN, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SABRY, TAMER
Address: 6501 NW 36 STREET, SUITE A413
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VP (X) Change () Addition
Name: GALVEZ, JORGE
Address: 6501 NW 36 STREET, SUITE A413
City-St-Zip: VIRGINIA GARDEN, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMER SABRY

P

05/05/2008

Electronic Signature of Signing Officer or Director

Date