

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053184

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: FAMILY CARE CENTER OF NORTH MIAMI INC.

**Current Principal Place of Business:**

6501 NW 36 ST  
SUITE A413  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6501 NW 36 ST  
SUITE 413  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: JORGE GALVEZ

P

03/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date