

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053184

FILED
Apr 27, 2012
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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: GALVEZ, JORGE
Address: 6501 NW 36 STREET, SUITE A413
City-St-Zip: VIRGINIA GARDEN, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: TAMER SABRY

PD

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date