

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070024 (3)

1. Corporation Name

FAMILY PHYSICIAN CARE, INC.

Principal Place of Business

801 WEST 29TH ST.
#236
HIALEAH FL 33012

Mailing Address

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

10/08/1993

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0441593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 6445 S.W. 8 Street

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Miami, Florida

City & State

28

Zip

24 33134

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J ESQU
1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TORRES, SORAYA
STREET ADDRESS 101 EAST 48TH ST.
CITY-ST-ZIP HIALEAH FL 33013

TITLE S
NAME HELLMAN, MAYNARD J
STREET ADDRESS 1100 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
12 NAME VALLADARES, JEANNETTE
13 STREET ADDRESS 6445 S.W. 8 Street
14 CITY-ST-ZIP MIAMI, FLORIDA 33134

2.1 TITLE S
22 NAME VALLADARES, JEANNETTE
23 STREET ADDRESS 6445 S.W. 8 Street
24 CITY-ST-ZIP MIAMI, FL 33134

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Name