

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086105 (2)

1. Corporation Name

FAMILY HEALTH PROFESSIONALS, INC.



Principal Place of Business

2130 W. 68 ST.
HALEAH FL 33016

Mailing Address

2130 W 68 ST
HALEAH FL 33016
US

2. Principal Place of Business

21 17300 NW 82 CT

Suite, Apt. #, etc.

22

City & State

23 Miami FL 33015

Zip

24 33015

Country

25 USA

2a. Mailing Address

26 17300 NW 82 CT

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33015

Country

30 USA

3. Date Incorporated or Qualified

12/16/1993

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0455018

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

9. Name and Address of Current Registered Agent

CABRERA, RAUL D
4201 S.W. 11TH ST.
MIAMI 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, typed or printed name of registered agent and the address

Signature, typed or printed name of registered agent and the address

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME RODRIGUEZ, SANDRA
STREET ADDRESS 17300 N.W. 82ND COURT
CITY-ST-ZIP PALM SPRINGS FL 33015 ☐ DELETE

TITLE D
NAME MATO, AMPARO
STREET ADDRESS 8309 N.W. 200TH TERRACE
CITY-ST-ZIP MIAMI FL 33015 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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: *Sandra Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/96
Date

Original Filing

CR2E034 (12/95)