

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # **P93000086105 (2)**

1. Corporation Name

FAMILY HEALTH PROFESSIONALS, INC.

Principal Place of Business

**17300 NW 82ND CT
MIAMI FL 33015
US**

Mailing Address

**17300 NW 82ND CT
MIAMI FL 33015-3732
US**



2. Principal Place of Business

21 **5862 WEST FLAGLER ST.**

Suite, Apt. #, etc.

22 **MIAMI, FLA**

City & State

23 **33144**

Zip

Country

24 **U.S.A.**

2a. Mailing Address

26 **5862 WEST FLAGLER ST.**

Suite, Apt. #, etc.

27 **MIAMI, FLA**

City & State

28 **33144**

Zip

Country

29 **U.S.A.**

3. Date Incorporated or Qualified

12/16/1993

3a. Date of Last Report

08/22/1996

4. FEI Number

65-0455018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 type (a printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.T.S.D.** ☒ Change ☐ Addition
1.2 NAME **FRANCISCO D. HERNANDEZ**
1.3 STREET ADDRESS **5862 WEST FLAGLER ST.**
1.4 CITY-ST-ZIP **MIAMI, FLA. 33144**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FRANCISCO D. HERNANDEZ

03/19/97

(305) 269-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0122785

CR2E034 (9/96)