

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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # P94000047610 (8)

1. Corporation Name

TOTAL FAMILY CARE CENTER, INC.



Principal Place of Business

Mailing Address

7650 W FLAGLER ST
MIAMI FL 33144

7650 W FLAGLER ST
MIAMI FL 33144

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0500509

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES INC
175 NW FIRST AVE SUITE 2000
COURT HOUSE CENTER
MIAMI FL 33128-9985

10. Name and Address of New Registered Agent

81 Name TOMAS GONZALEZ

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

83 9241 E. CALUSA Club Drive

84 City MIAMI

FL

85 Zip Code 33186

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D HERNANDEZ, ALFREDO
STREET ADDRESS 7650 W. FLAGLER ST
CITY-STATE-ZIP MIAMI FL

TITLE ☒ DELETE
NAME D CONTRERAS, CARLOS
STREET ADDRESS 7650 W FLAGLER ST
CITY-STATE-ZIP MIAMI FL 33144

TITLE ☐ DELETE
NAME D GONZALEZ, TOMAS
STREET ADDRESS 7650 W FLAGLER ST
CITY-STATE-ZIP MIAMI FL 33144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D EMILIA MOLINA
1.3 STREET ADDRESS 7650 W. FLAGLER ST
1.4 CITY-STATE-ZIP MIAMI FL 33144

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/96

305-265-7955

CR2E034 (12/95)