

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90209 022 ***150.00

DOCUMENT # P94000047610

1. Entity Name
TOTAL FAMILY CARE CENTER, INC.



Principal Place of Business
**7650 W FLAGLER ST
MIAMI FL 33144**

Mailing Address
**7650 W FLAGLER ST
MIAMI FL 33144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0500509**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

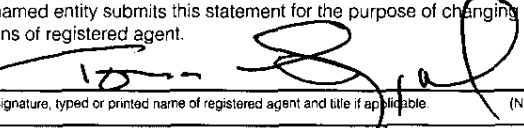
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, THOMAS
7650 W. FLAGLER ST
MIAMI FL 33144**

Name **GONZALEZ TOMAS**
Street Address (P.O. Box Number is Not Acceptable)
387 S. Homestead Blvd
City **Homestead** FL Zip Code **33030**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GONZALEZ TOMAS**
STREET ADDRESS **7650 W FLAGLER ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ Change ☐ Addition
NAME **GONZALEZ TOMAS**
STREET ADDRESS **387 S. Homestead Blvd**
CITY-ST-ZIP **Homestead FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/3 305-246-5600
Date Daytime Phone #

CR2E034 (10/02)