SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $25.00 (IF PAID LATE, REINSTATEMENT AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:27

DOCUMENT # **P94000059182 (3)**

1. Corporation Name

FAMILY HEALTH OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
125 N.E. 8TH STREET, SUITE 4 HOMESTEAD FL 33030	125 N.E. 8TH STREET, SUITE 4 HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 974 Old Dixie Hwy
22 Suite, Apt. #, etc.
23 City & State: Homestead, FL.
24 Zip: 33030 25 Country: USA

2a. Mailing Address
26 974 Old Dixie Hwy.
27 Suite, Apt. #, etc.
28 City & State: Homestead, FL.
29 Zip: 33030 30 Country: USA

4. FEI Number: 65-0521114 ☐ 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

PENA, HERB
125 N.E. 8TH STREET, SUITE 4
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 974 Old Dixie Hwy.
83
84 City: Homestead FL 85 Zip Code: 33030

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: Heriberto Pena, M.D. 6-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	PENA, HERB	12 NAME		
STREET ADDRESS	947 OLD DIXIE HIGHWAY	13 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BLANC, NORRIS	22 NAME		
STREET ADDRESS	1139 N. KROME AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MILLIGAN, JANICE	32 NAME		
STREET ADDRESS	125 N.E. 8TH STREET, SUITE 4	33 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, EDDUNIO	42 NAME		
STREET ADDRESS	1526 N.E. 8TH STREET, SUITE 4	43 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Heriberto Pena, M.D. 6/12/95 305-246-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031180 CP