

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000066003

1. Entity Name
FLORIDA INTERNATIONAL HEALTH CENTER, INC.



Principal Place of Business
**2141 NW 7TH ST
MIAMI, FL 33125**

Mailing Address
**2141 NW 7TH ST
MIAMI, FL 33125**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0527565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ASUSTA, TOMAS
2141 NW 7 ST
MIAMI, FL 33125**

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDPS
NAME	CREGO, PIERRE
STREET ADDRESS	721 NORTHWEST 21ST COURT
CITY-STATE-ZIP	MIAMI, FL 33125

TITLE	DST
NAME	ASUSTA, TOMAS
STREET ADDRESS	721 NORTHWEST 21ST COURT
CITY-STATE-ZIP	MIAMI, FL 33125

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/21/08-80009-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS ASUSTA

Date

3/4/08

Daytime Phone #

7863265508