FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000087519 (2)

1. Corporation Name
FAMILY CARE PLUS MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
760 SE 8TH ST HIALEAH FL 33010	760 SE 8TH ST HIALEAH FL 33010

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: 10/02/1995

2. Principal Place of Business
21 11300 NW 87 Court
Suite, Apt. #, etc.
22 Suite 165
City & State
23 Hialeah Gardens, FL
Zip 24 33016 Country 25 USA

2a. Mailing Address
26 11300 NW 87 Court
Suite, Apt. #, etc.
27 Suite 165
City & State
28 Hialeah Gardens, FL
Zip 29 33016 Country 30 USA.

4. FEI Number: 65-0541103 ☐ 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

PARGA, AYMEE
760 SE 8TH ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: Parga, Aymee
82 Street Address (P.O. Box Number is Not Acceptable): 11300 NW 87 Court
83 Suite 165 - Hialeah Gardens
84 City: Hialeah Gardens FL 85 Zip Code: 33016

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	PARGA, AYMEE		1.2 NAME	Parga, Aymee	
STREET ADDRESS	760 SE 8TH ST		1.3 STREET ADDRESS	11300 NW 87 Court	
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP	Suite 165 - Hialeah Gardens, FL 33016	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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] 05-23-96 (305) 557-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)