

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003384 (1)

1. Corporation Name

FAMILY CARE MEDICAL, INC.



Principal Place of Business

1127 N.W. 22ND AVE.
MIAMI FL 33125

Mailing Address

1127 N.W. 22ND AVE.
MIAMI FL 33125

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

4. FEI Number

65-0549621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

NOVOA, TONY
1131 N.W. 22ND AVE.
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

SIERRA, HERMINIA

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

1127 N.W. 22ND AVE

83

84 City

MIAMI

FL

85

Zip Code

33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of person named as registered agent and the corporation

Signature of person named as registered agent and the corporation

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

SIERRA, HERMINIA

STREET ADDRESS

1127 N.W. 22ND AVE.

CITY- ST- ZIP

MIAMI FL 33125

TITLE

TD

☒ DELETE

NAME

MENENDEZ, SUSAN

STREET ADDRESS

1127 N.W. 22ND AVE.

CITY- ST- ZIP

MIAMI FL 33125

TITLE

SD

☒ DELETE

NAME

SANCHEZ, GISELA

STREET ADDRESS

1127 N.W. 22ND AVE.

CITY- ST- ZIP

MIAMI FL 33125

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

000001818650

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***200.00

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

4/17/96 (305)644-6111
SC 5-1-96

CR2E034 (12/95)