## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000010531 (7)

HIALEAH FAMILY FOOT CARE CENTER, INC.

**FILED** Jan 17 1997 8:00 am Secretary of State



Principal Place of Business  600 EAST 25TH STREET SUITE D HALEAH FL  2. Principal Place of Business		Mailing Address  600 EAST 25TH STREET SUITE D HALEAH FL 33013-3815		3. Date incorporated or Qualified 02/02/1996  4. FE/Number Applied For				
2. Principal Place of Business		28. Walling Address		65-06755	91		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		¢0.75 4 daily		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	,		May Be I to Fees
Zip <b>24</b>	Country 7:p 25 29		Counti	ry	8. This corporation has liability for intangible taxunder s. 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent		41	10. Name and Address of New	Registered	Agent	
TURBAY, MIGUEL E 600 EAST 25TH STREET SUITE D HIALEAH FL				Name Street Add	Address (P.O. Box Number is Not Acceptable)			
			8	4 City		FL	<b>85</b> Zip	Code
SIGNATURE 12.	oprider, Type for pay a name document of a OFFICERS AF	ND DIRECTORS	13.		ired when reinstaling) ADDITIONS/CHANGES TO OR	FICERS ANI		
TITLE NAME STREET ADDRESS CITY - STI- ZIP	D/ REYES, RICARDO 600 EAST 25TH STREET #D HIALEAH FL 33013	[] OELETE	1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CHY	ET ADDRESS			Change	Addition
NAME STREET ADDRESS OITY - ST - ZIP		☐ DELETE	21 TITLE 22 NAM	E ET ADDRESS		<del></del>	☐ Change	Addition
TITLE NAME STREET ADDRESS		DELETE	3.1 TITLE 3.2 NAMI				Change	☐ Addition
City-S1-ZiP Title Name		DELETE	3.4. CITY 4.1 TIFLE 4. 2 NAM	i	, , , , , , , , , , , , , , , , , , ,		Change	Additio
STREET ADDRESS CITY-ST_ZIP TITLE		DELETE	4.3 STRE 4.4 City 5.1 Title				Change	☐ Additio
NAME STREET ADDRESS CITY - ST - ZIP		_ Janvie	5.2 NAMI	ET ADDRESS			ەرىسى قىل	hand Modello
TITLE NAME STREET ADDRESS		DELETE	6 1 TITLE 6 2 NAM 6 3 STRE	E ET ADDRESS			Change	Addition
CHY-S1-ZP  14. I do hereb informatios	y certify that the information suppli riedicated on this annual report or	ed with this filing does not qua supplemental annual report is	6.4 CITY alify for the ex true and ac	emption state	ed in Section 119.07(3)(i), Florida Sta at my signature shall have the same	tutes. I furthe	er certify the	at the

Tam an officer or director of t appears in Block 12 or Block

SIGNATURE:

Daytime Priore t