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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000010531**1. Corporation Name

HIALEAH FAMILY FOOT CARE CENTER, INC.

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Principal Plac	ce of Business	Mailing Address			I CRANISEAN END HENRA BULEN BOTHN BOHIN Y PR	BIH BOIDI HURI BURU BRIDI	THIN THE LOCK
600 EAST 25TH STREET			600 EAST 25TH STREET		1	-	
SUITE D		SUITE D			DO NOT WORKS IN THE SPACE		
HIALEAH FL HIALEAH FL				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
ł					02/02/1996		
2. Principal F	Place of Business	2a. Mailing Addre	SS		4. FEI Number	Apı	plied For
21		26	•		65-0675591	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	, \$8.75 A	
22		27			5. 55515	Fee Re	quired
City & State			City & State		6. Election Campaign Financing	\$5.00	•
Zip	Country	Zip	Countr	v	Trust Fund Contribution	Added to	o rees
24	25	29	30	,	8. This corporation owes the current Personal Property Tax.	year intangible ☐ Yes	ZN o
[24]	9. Name and Address of Currer		130		10. Name and Address of New Regi		,
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mark Mark Co.	81	Name			
TUR	RBAY, MIGUEL E	NCA, for	82	Street Addre	ess (P.O. Box Number is Not Acceptable	1	
	LAGE ZOTTI OTTILLI	18.5 mai 19. 22.4 h			* 1	, 	p2 in log 1 25
!	TE D	•	83	3			
niAi	LEAH FL		84	City	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	
85 34 55 <u>.</u>	<u> </u>					FL	
11. Pursuant	t to the provisions of Sections 607.050 registered agent to both, in the State	02 and 607.1508, Florid of Florida. Such chang	a Statutes, the above e was authorized by	/e-named corpo / the corporatio	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its e appointment as reg	registered gistered
agent. I a	apr familiar with fand accept the obliga	ons of Section 607.0	505 Florida Statute	s.	/	Q G0	
					· ,—		
SIGNATURE	/ / rgey	of any title it the liestile	VCCS	ent clanature required	Judges reinetating)	7-19	
SIGNATURE	Signature, typed or printed name of registered age	nt antume if applicable.	(NOTE: Redistered Age	ent signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	RS IN 12
l Z			13.	ent signature required			RS IN 12
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14. I hereby certify that the information supplied with this filing 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 of 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 chapted, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90055 046 ***150.00