

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90001 046 ***150.00

DOCUMENT # P96000010531

1. Entity Name
HIALEAH FAMILY FOOT CARE CENTER, INC.



Principal Place of Business

608 NW 57 AVE
MIAMI, FL 33126

Mailing Address

608 NW 57 AVE
MIAMI, FL 33126

44001955



2. Principal Place of Business

182 EAST 49 ST

3. Mailing Address

182 EAST 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

HIALEAH FL

City & State

HIALEAH

4. FEI Number

65-0675591

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

33013

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURBAY, MIGUEL E
608 NW 57 AVE
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

RICARDO REYES

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

182 EAST 49 STREET

City

HIALEAH

FL

Zip Code

33013

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 of Ricardo Reyes]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **REYES, RICARDO**
STREET ADDRESS **608 NW 57 AVE — 182 EAST 49 ST**
CITY-ST-ZIP **MIAMI, FL 33126 — HIALEAH FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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 of Ricardo Reyes]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/04