2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000027240

1. Entity Name
HEREDIA HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
910 N. PINE HILLS RD. ORLANDO, FL 32808	910 N. PINE HILLS RD. ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3503654

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEREDIA, J. REINALDO
910 N. PINE HILLS RD.
ORLANDO, FL 32808

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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 the registered agent of the corporation) (Name of the registered agent, typed or printed) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	P
Name	HEREDIA, J. REINALDO
Street Address	8130 BAY SIDE CT.
City-State-Zip	ORLANDO, FL 32819
Title	D
Name	HEREDIA, MELINDA A
Street Address	8130 BAY SIDE CT.
City-State-Zip	ORLANDO, FL 32819
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

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03/29/06-80035-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: J. Reinaldo Heredia 03/13/06 407 445-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #