

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90170 011 \*\*\*150.00



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P98000082130**

1. Corporation Name

**PRO-VIDED MANAGEMENT OF SOUTH FLORIDA, INC.**

Principal Place of Business  
**9582 SOUTH WEST 1ST TERRACE**  
**MIAMI FL 33174**

Mailing Address  
**9582 SOUTH WEST 1ST TERRACE**  
**MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/21/1998**

4. FEI Number

**65-0845563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

8. This corporation owes the current year's Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 10550 N.W. 77th COURT.**

Suite, Apt. #, etc.  
**22 SUITE # 224**

City & State  
**23 HIALEAH GARDENS, FL**

Zip  
**24 33016**

Country  
**25 U.S.**

2a. Mailing Address

**26 10550 N.W. 77th COURT.**

Suite, Apt. #, etc.  
**27 SUITE # 224**

City & State  
**28 HIALEAH GARDENS, FL**

Zip  
**29 33016**

Country  
**30 U.S.**

9. Name and Address of Current Registered Agent

**DE LA HOZ, GARCIELA**  
**9582 SOUTH WEST 1ST TERRACE**  
**MIAMI FL 33174**

10. Name and Address of New Registered Agent

**81 Name GRACE DE LA HOZ**  
**82 Street Address (P.O. Box Number is Not Acceptable) 10550 N.W. 77th COURT**  
**83 SUITE # 224**  
**84 City HIALEAH GARDENS, FL**  
**85 Zip Code 33016**

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, 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 **Grace de la Hoz** **GRACE DE LA HOZ VICE-PRESIDENT/TREASURER 4/21/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SERENO, CARIDAD	
STREET ADDRESS	7825 NORTH WEST 174TH STREET	
CITY-STATE-ZIP	MIAMI FL 33015	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	ORTEGA, NANCY	
STREET ADDRESS	710 SOUTH WEST 60TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33144	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	DE LA HOZ, GARCIELA	
STREET ADDRESS	9582 SOUTH WEST 1ST TERRACE	
CITY-STATE-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: **Grace de la Hoz** **GRACIELA DE LA HOZ 4/21/99 305 824-1107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0250380