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Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S42152 (6)

1. Corporation Name  
FULL HEALTH CARE, INC.



Principal Place of Business

4901 SW 122 AVE  
MIAMI FL 33175

Mailing Address

4901 SW 122 AVE  
MIAMI FL 33175-5501

3. Date Incorporated or Qualified  
03/29/1991

3a. Date of Last Report  
06/14/1996

2. Principal Place of Business

21 1393 S.W. 1 ST.  
Suite, Apt. #, etc.

22 Suite 340

City & State

23 Miami, FL 33135

Zip

24 33135

Country

25 Dade

2a. Mailing Address

26 1393 S.W. 1 St.  
Suite, Apt. #, etc.

27 Suite 340

City & State

28 Miami, FL 33135

Zip

29 33135

Country

30 Dade

4. FEI Number

65-0254880

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AGUERO, ANGELA  
4901 SW 122 AVE  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

Sarah Loo

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

1393 S.W. 1 St.

83

Suite 340

84 City

Miami, FL

FL

85 Zip Code

33135

11. Pursuant to the provisions of Sections 607.0502 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME AGUERO, ANGELA  
STREET ADDRESS 4901 SW 122 AVE  
CITY- ST- ZIP MIAMI FL

TITLE P ☒ DELETE

NAME FERNANDO, CNVAS  
STREET ADDRESS 4901 SW 122 AVE  
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

SARAH LOO

1.3 STREET ADDRESS

1393 S.W. 1 St. Suite 340

1.4 CITY- ST- ZIP

Miami, FL 33135

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-15-97

305-644-0552

CR2E034 (9/96)