

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 # **S42152**

1. Corporation Name
FULL HEALTH CARE, INC.

Principal Place of Business

**1393 SW 1 ST
SUITE 340
MIAMI FL 33135
US**

Mailing Address

**1393 SW 1 ST
SUITE 340
MIAMI FL 33135
US**

2. Principal Place of Business

21 953 SW 122 AVE

2a. Mailing Address

26 953 S.W. 122 AVE

Suite, Apt. #, etc.

22 REAR

Suite, Apt. #, etc.

27 REAR

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33184

Country

25 DADE

Zip

29 33184

Country

30 DADE

9. Name and Address of Current Registered Agent

**FIGUEREDO, LUCRECIA
6551 SW 13 TERR
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name

ANA E TOYO

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

2601 S.W. 9 Street APT #3

83

84 City

MIAMI

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 **ANA E TOYO**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **FIGUEREDO, LUCRECIA**

STREET ADDRESS **6551 SW 13 TERR**

CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **ANA E TOYO**

1.3 STREET ADDRESS **2601 SW 9 Street APT #3**

1.4 CITY-ST-ZIP **MIAMI, FL 33135**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FIGUEREDO, LUCRECIA **4-29-99**

305-207-6683

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90135 030 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

CR2E034 (11/98)