

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 26 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 542152

Corporation Name

Full Health Care, Inc.

Principal Place of Business

953 S.W. 122 Ave.  
Miami, FL 33184

Mailing Address

953 S.W. 122 Ave  
Miami, FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/29/91

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

J. Everett Wilson

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

2151 Le Jeune Rd.

83 Mezzanine

84 City Coral Gables

FL

85 Zip Code 33134

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 reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FT ADDRESS: ~~Figueredo, Lucrecia~~  
ST-ZIP: ~~6551 S.W. 13 Terr.~~  
~~Miami, FL 33144~~

☒ DELETE

FT ADDRESS: ~~Toyo, Anne E.~~  
ST-ZIP: ~~2601 S.W. 9th St.~~  
~~Miami, FL 33135~~

☒ DELETE

FT ADDRESS:   
ST-ZIP:

☐ DELETE

FT ADDRESS:   
ST-ZIP:

☐ DELETE

FT ADDRESS:   
ST-ZIP:

☐ DELETE

FT ADDRESS:   
ST-ZIP:

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

15 Gonzalez, Mayelin  
953 S.W. 122 Ave  
Miami FL 33184

☐ Change

☒ Addition

☐ Change

☐ Addition

400003121784--3

-02/03/00--01010--002

\*\*\*150.00 ☐ Change ☒ Addition

☐ Change

☐ Addition

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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:

1/1/00

(305) 446-7300