

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S90780

(5)

1. Corporation Name

FLORIDA HEALTH CARE CENTER INC.

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

691 E. 9TH ST.
HALEAH FL 33012

Mailing Address

691 E. 9TH ST.
HALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1991

3c. Date of Last Report

07/06/1994

4. FEI Number

65-0294355

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, ROBERT N., JR., P.A.
501 BRICKELL KEY DRIVE
SUITE 210
MIAMI FL 33131

81 Name

ALLEN, ROBERT N., JR.

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

501 BRICKELL KEY DR. A 210

83

84 City

MIAMI

FL

85

Zip Code

33131

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

ROBERT N. ALLEN, JR. FOR

8-3-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	DONES, NIRIO
STREET ADDRESS	10831 W. FLAGLER ST.
CITY - ST - ZIP	MIAMI FL 33174
TITLE	S
NAME	RUIZ, ROBERTO V
STREET ADDRESS	15607 NW 83RD AVE
CITY - ST - ZIP	MIAMI FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	P
3.3 STREET ADDRESS	BANCA GONZALEZ
3.4 CITY - ST - ZIP	691 E. 9TH ST HALEAH, FL 33012
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

ROBERTO V. RUIZ

8-3-95

372-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number