

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000066504**

1. Entity Name  
**IDEAL CARE NETWORK INC.**



**FILED**

**05 DEC 13 PM 2:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**7944 S.W. 8TH ST.  
MIAMI, FL 33144**

Mailing Address  
**7944 S.W. 8TH ST.  
MIAMI, FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3777703**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



**REINSTATEMENT**  
12/22/05 REIN-P CFZ036 (8/04) 05

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALACIOS, MIGUEL H  
7944 S.W. 8TH ST.  
MIAMI, FL 33144**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**

**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
NAME: PALACIOS, MIGUEL H  
STREET ADDRESS: 7944 S.W. 8TH ST.  
CITY-ST-ZIP: MIAMI, FL 33144  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: 100062511351  
CITY-ST-ZIP: 12/30/05--01052--009 \*\*150.00

TITLE: CEO  
NAME: PALACIOS, MIGUEL H  
STREET ADDRESS: 7944 S.W. 8TH ST.  
CITY-ST-ZIP: MIAMI, FL 33144  Delete

TITLE:  Change  Addition  
NAME: SD - VICE PRESIDENT  
STREET ADDRESS: PALACIOS, Michelle C.  
CITY-ST-ZIP: 7944 SW 8th St  
MIAMI, FL 33144  Change  Addition

TITLE: SD  
NAME: PALACIOS, MICHELLE V  
STREET ADDRESS: 7944 S.W. 8TH ST.  
CITY-ST-ZIP: MIAMI, FL 33144  Delete

TITLE: DIRECTOR  
NAME: PALACIOS FRANCISCO  
STREET ADDRESS: 7944 SW 8th St  
CITY-ST-ZIP: MIAMI, FL 33144  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 #