

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M60318
 1. Entity Name
MEDICAL CARE INSTITUTE, INC.



Principal Place of Business C/O HAYDEE QUIRANTES 2135 SW 8TH ST MIAMI, FL 33135	Mailing Address C/O HAYDEE QUIRANTES 2135 SW 8TH ST MIAMI, FL 33135
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0021725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
 2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE

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: *Haydee Quirantes* **Haydee Quirantes** DATE: **1-25-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD QUIRANTES, HAYDEE 200 SW 32ND COURT/ROAD MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000635342
 02/23/07-80010-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Haydee Quirantes* **Haydee Quirantes** DATE: **1-25-07** DAYTIME PHONE #: **(305) 414900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR