

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M60318

FILED
Mar 31, 2009
Secretary of State

Entity Name: MEDICAL CARE INSTITUTE, INC.

Current Principal Place of Business:

C/O HAYDEE QUIRANTES
2135 SW 8TH ST
MIAMI, FL 33135

New Principal Place of Business:

C/O HAYDEE QUIRANTES
2135 SW 8TH ST
MIAMI, FL 33135 US

Current Mailing Address:

C/O HAYDEE QUIRANTES
2135 SW 8TH ST
MIAMI, FL 33135

New Mailing Address:

C/O HAYDEE QUIRANTES
2135 SW 8TH ST
MIAMI, FL 33135 US

FEI Number: 65-0021725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: QUIRANTES, HAYDEE
Address: 200 SW 32ND COURT/ROAD
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: QUIRANTES, HAYDEE
Address: 200 SW 32ND COURT/ROAD
City-St-Zip: MIAMI, FL 33135 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYDEE QUIRANTES

P

03/31/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date