

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000082344

FILED
Feb 03, 2009
Secretary of State**Entity Name:** CARE PLUS MEDICAL CENTER OF WESTCHESTER, INC.**Current Principal Place of Business:**7928 SW 8 STREET
MIAMI, FL 33144**New Principal Place of Business:****Current Mailing Address:**7951 SW 40 ST STE 206
MIAMI, FL 33155**New Mailing Address:**7928 SW 8 STREET
MIAMI, FL 33144**FEI Number:** 56-2284472**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIAZ, O.J.
7951 SW 40 ST STE 206
MIAMI, FL 33155 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

OFFICERS AND DIRECTORS:**Title:** PVST () Delete
Name: DIAZ, ROBERT
Address: 7951 SW 40 ST STE 206
City-St-Zip: MIAMI, FL 33155**Title:** D () Delete
Name: DIAZ, ROBERT
Address: 7951 SW 40 ST STE 206
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVST (X) Change () Addition
Name: DIAZ, ROBERT
Address: 7928 SW 8 STREET
City-St-Zip: MIAMI, FL 33144**Title:** D (X) Change () Addition
Name: DIAZ, ROBERT
Address: 7928 SW 8 STREET
City-St-Zip: MIAMI, FL 33144

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: ROBERT DIAZ

PVST

02/03/2009

Electronic Signature of Signing Officer or Director

Date