2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# P06000044617

Entity Name: FLORIDA CARE HEALTH CENTER, CORP

Current Principal Place of Business:

11300 NORTH WEST 87 COURT
SUITE 141/142
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

11300 NORTH WEST 87 COURT
SUITE 141/142
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 14-1954787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUZA, OLINDA
11300 NORTH WEST 87 COURT
SUITE 141/142
HIALEAH GARDENS, FL 33014 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAUZA, OLINDA
Address: 11300 NORTH WEST 87TH COURT # 141/142
City-St-Zip: HIALEAH GARDENS, FL 33018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OLINDA BAUZA P 08/27/2009

Electronic Signature of Signing Officer or Director — Date