2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P06000045920

Entity Name: AMBERT MEDICAL CARE CENTER, CORP.

Current Principal Place of Business:

15495 EAGLE NEST LANE
SUITE 100
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15495 EAGLE NEST LANE
SUITE 100
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-4613248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, IVAN
15495 EAGLE NEST LANE
100
MIAMI, 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAMBERT, IVAN
Address: 15495 EAGLE NEST LN #100
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete
Name: HERNANDEZ, YARIEL
Address: 15495 EAGLE NEST LN #100
City-St-Zip: MIAMI LAKES, FL 33014

Title: SEC ( ) Delete
Name: HERNANDEZ, MINERVINO
Address: 15495 EAGLE NEST LN #100
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LAMBERT, IVAN
Address: 15495 EAGLE NEST LN #100
City-St-Zip: MIAMI LAKES, FL 33014

Title: SEC (X) Change ( ) Addition
Name: LAMBERT, IVAN
Address: 15495 EAGLE NEST LN #100
City-St-Zip: MIAMI LAKES, FL 33014

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: IVAN LAMBERT PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date