

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000002220

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** HINGSA PROFESSIONAL CARE SERVICES, INC.

**Current Principal Place of Business:**

5077 NW 7TH STREET, BLDG 4, SUITE 1401  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5077 NW 7TH STREET, BLDG 4, SUITE 1401  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CADIZ, ODALYS  
5077 NW 7TH STREET, BLDG 4, SUITE 1401  
MIAMI, FL 33126    US

**Name and Address of New Registered Agent:**

CADIZ, ODALYS  
5077 NW 7TH STREET, BLDG 4, SUITE 1401  
MIAMI, FL 33126    US

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: CADIZ, ODALYS

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: SALAZAR, JOSE A  
Address: 5077 NW 7TH STREET, BLDG 4, SUITE 1401  
City-St-Zip: MIAMI, FL 33126

Title: DP  
Name: CADIZ, ODALYS  
Address: 5077 NW 7TH STREET, BLDG 4, SUITE 1401  
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: SALAZAR, JOSE A

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVP

04/28/2011

\_\_\_\_\_  
Date