

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033813

FILED  
Mar 12, 2011  
Secretary of State

**Entity Name:** FLORIDA HEALTHCARE CORPORATION

**Current Principal Place of Business:**

700 E 1ST AVE  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 14-4176  
CORAL GABLES, FL 33114176 US

**New Mailing Address:**

FEI Number: 65-0407244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUIRANTES, RAMON JR.  
700 E 1ST AVE.  
HIALEAH, FL 33010 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: D  
Name: QUIRANTES, RAMON JR.  
Address: 700 E. 1ST AVE.  
City-St-Zip: HIALEAH, FL 33010

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: RAMON QUIRANTES JR

MR

03/12/2011

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

\_\_\_\_\_  
Date