

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000030159

Entity Name: ALMA CARE, INC.

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10910 SW 145TH PL.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

10910 SW 145TH PL.  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-8613709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ-SUAREZ, LAURA  
10910 SW 145TH PL.  
MIAMI, FL 33186 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: PD  
Name: GOMEZ-SUAREZ, LAURA  
Address: 10910 SW 145TH PL.  
City-St-Zip: MIAMI, FL 33186

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: LAURA GOMEZ-SUAREZ

PD

03/24/2010

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

\_\_\_\_\_  
Date