

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000027968

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ALL SPECIALTY MEDICAL CARE CORP

**Current Principal Place of Business:**

5595 ORANGE DRIVE  
206  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5595 ORANGE DRIVE  
206  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 26-4573448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VORONA, INNA  
3363 NE 163 STREET  
804  
N. MIAMI, FL 33160 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:** P  
**Name:** SPIVAK, OLGA  
**Address:** 5595 ORANGE DRIVE STE 206  
**City-St-Zip:** DAVIE, FL 33314

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:** OKUN

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04/26/2012

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

\_\_\_\_\_  
Date