

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000027968

Entity Name: ALL SPECIALTY MEDICAL CARE CORP

Current Principal Place of Business:

5595 ORANGE DRIVE
206
DAVIE, FL 33314

Current Mailing Address:

5595 ORANGE DRIVE
206
DAVIE, FL 33314

FEI Number: 26-4573448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VORONA, INNA
3363 NE 163 STREET
804
N. MIAMI, FL 33160 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SPIVAK, OLGA
Address 5595 ORANGE DRIVE STE 206
City-State-Zip: DAVIE FL 33314

Title VP
Name OKUN, ASHLEY
Address 5595 ORANGE DRIVE
206
City-State-Zip: DAVIE FL 33314

Title OFFICER
Name KLIGER, GRIGORY
Address 5595 ORANGE DRIVE
206
City-State-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: GRIGORY KLIGER

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04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date