2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2017
Secretary of State
CC4899404759

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Entity Name: M CARE MEDICAL CENTER INC.

Current Principal Place of Business:

850 SOUTH 21ST STREET.
SUITE B
FORT PIERCE, FL 34950

Current Mailing Address:

850 SOUTH 21ST STREET.
SUITE B
FORT PIERCE, FL 34950 US

FEI Number: 46-3187447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMILCARE, MANETTE
850 SOUTH 21ST STREET.
SUITE B
FORT PIERCE, FL 34950 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	Title	VPD
Name	EMILCARE, MANETTE	Name	JEAN BAPTISTE, ODIEL MD
Address	850 S 21ST., STE B	Address	12674 LITTLE PALM LANE
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	BOCA RATON FL 33428

Title	C
Name	ALLIANCE , LOUIDOR MD
Address	424 GAZETTA WAY
City-State-Zip:	WEST PALM BEACH FL 33413

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: MANETTE EMILCARE P 04/13/2017

Electronic Signature of Signing Officer/Director Detail — Date