

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000071352

Entity Name: 24/7 MD CARE, INC

Current Principal Place of Business:

3939 NW 7TH ST
SUITE 206
MIAMI, FL 33126

Current Mailing Address:

3939 NW 7TH ST
SUITE 206
MIAMI, FL 33126 US

FEI Number: 47-4924572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALFONZO, RAFAEL E
3939 NW 7TH ST
SUITE 206
MIAMI, FL 33126 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 ALFONZO, RAFAEL E
Address 3939 NW 7TH ST SUITE 206
City-State-Zip: MIAMI FL 33126

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: RAFAEL E ALFONZO

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date