

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80926

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: DADE MEDICAL CARE CORPORATION

**Current Principal Place of Business:**

2601 POINT EAST DR  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2601 POINT EAST DR  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 59-2421115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NACCARATO, EMANUEL  
2601 POINT EAST DRIVE  
AVENTURA, 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NACCARATO, EMANUEL  
Address: 18155 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33160

Title: ST ( ) Delete  
Name: NACCARATO, MARIA R  
Address: 18155 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA NACCARATO

SEC

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date