2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# G86283

Entity Name: CLINICARE MEDICAL CENTER, INC.

Current Principal Place of Business:

7353 COLLINS AVE.
MIAMI BEACH, FL 33141

New Principal Place of Business:

7140 ABBOTT AVE., 1ST FLOOR
MIAMI BEACH, FL 33141

Current Mailing Address:

7353 COLLINS AVE.
MIAMI BEACH, FL 33141

New Mailing Address:

7140 ABBOTT AVE., 1ST FLOOR
MIAMI BEACH, FL 33141

FEI Number: 59-2375505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENITEZ, LIZETTE P ESQ.
717 PONCE DE LEON
STE 224
CORAL GABLES, FL 33134 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: SD
Name: PORTAL, GLORIA
Address: 1562 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD
Name: PORTAL, PEDRO G.
Address: 1562 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: PEDRO G. PORTAL PD 02/07/2012

Electronic Signature of Signing Officer or Director — Date