

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30548

FILED  
Apr 11, 2012  
Secretary of State

Entity Name: MIAMI PRIMARY CARE CORPORATION

**Current Principal Place of Business:**

% NELSON GARCIA MORALES  
9951 S.W. 40TH STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

% NELSON GARCIA  
9951 S.W. 40TH STREET  
MIAMI, FL 33165 US

**New Mailing Address:**

% NELSON GARCIA MORALES  
9951 S.W. 40TH STREET  
MIAMI, FL 33165

FEI Number: 65-0065093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, NELSON  
9951 S.W. 40TH STREET  
MIAMI, FL 33165 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: DPS  
Name: GARCIA, NELSON  
Address: 7725 SW 72ND TERRACE  
City-St-Zip: MIAMI, FL

Title: DT  
Name: GARCIA, ANEYDA  
Address: 7725 SW 72ND TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: VD  
Name: LAWER-GARCIA, TATIANA M  
Address: 7890 SW 68TH TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: VD  
Name: RIVERO, ARMANDO J  
Address: 9317 SW 123RD TERRACE  
City-St-Zip: MIAMI, FL 33176

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: NELSON GARCIA

DPS

04/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date