

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60228

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: MEDICAL HOME CARE PROGRAM, INC.

## Current Principal Place of Business:

7003 N WATERWAY DR  
213  
MIAMI, FL 33155896 US

## New Principal Place of Business:

617 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460 US

## Current Mailing Address:

7003 N WATERWAY DR  
213  
MIAMI, FL 33155896 US

## New Mailing Address:

617 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460 US

FEI Number: 59-2933510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, EDNA K  
1025 SOROLLA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GARCIA, EDNA K  
617 N. DIXIE HIGHWAY  
LAKE WORTH, FL 33460 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: EDNA K GARCIA

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: GARCIA, EDNA K  
Address: 7003 N WATERWAY DR STE 213  
City-St-Zip: MIAMI, FL 331552896

Title: P ( ) Delete  
Name: MEDELL, ROBERT  
Address: 2680 S.W. 87TH AVENUE  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: GARCIA, EDNA K  
Address: 617 N. DIXIE HIGHWAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: P (X) Change ( ) Addition  
Name: MEDELL, ROBERT  
Address: 2680 S.W. 87TH AVENUE  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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: EDNA K GARCIA

S

03/21/2007

Electronic Signature of Signing Officer or Director

Date