

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73584

FILED
May 01, 2006
Secretary of State

Entity Name: HEALTH CARE OF AMERICA, INC.

Current Principal Place of Business:

13770 N.E. 11TH AVE.
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

13770 N. E. 11TH AVE
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0198682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, BERNARD F.
10723 SW 104TH ST
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IKPE, UWEM N.,
Address: 20846 S.W.122 COURT
City-St-Zip: MIAMI, FL 33177 .

Title: VPD () Delete
Name: IKPE, NSIDIBE. M.D.,
Address: 6630 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138

Title: VPM () Delete
Name: IKPE, DOLLY
Address: 20846 SW 122ND CT
City-St-Zip: MIAMI, FL 33177

Title: SEC. () Delete
Name: IKPE, ERIC N
Address: 20846 S.W.122 COURT
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: IKPE, CHRISTINA E
Address: 20846 S.W.122 COURT
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: UWEM N. IKPE

PD

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date