

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73584

FILED
Apr 30, 2012
Secretary of State

Entity Name: HEALTH CARE OF AMERICA, INC.

Current Principal Place of Business:

686 N.E.125TH STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

686 N.E.125TH STREET
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

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: IKPE, ERIC
Address: 20846 S.W.122 COURT
City-St-Zip: MIAMI, FL 33177

Title: VPM
Name: IKPE, AKANIMO
Address: 20846 SW 122ND CT
City-St-Zip: MIAMI, FL 33177

Title: SEC.
Name: IKPE, DOLLY J
Address: 20846 S.W.122 COURT
City-St-Zip: MIAMI, FL 33177

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

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: UWEM N.IKPE

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date