

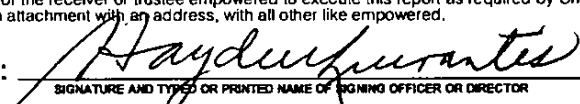


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # M60318</b> 1. Entity Name <b>MEDICAL CARE INSTITUTE, INC.</b>			<b>FILED</b> <b>06 MAR 28 PM 2:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> 
Principal Place of Business <b>C/O HAYDEE QUIRANTES 2135 SW 8TH ST MIAMI, FL 33135</b>		Mailing Address <b>C/O HAYDEE QUIRANTES 2135 SW 8TH ST MIAMI, FL 33135</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;"><b>PSTD QUIRANTES, HAYDEE 200 SW 32ND COURT/ROAD MIAMI, FL 33135</b></div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="font-size: 1.2em; font-weight: bold;">400069394964</div> <div style="font-size: 0.8em;">04/04/06--01028--002 **158.75</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>HAYDEE QUIRANTES</b>		<div style="display: flex; justify-content: space-between;"><div><b>2-20-06</b> <small>Date</small></div><div><b>305-856-0056</b> <small>Daytime Phone #</small></div></div>	