

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059877

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL PATIENT CARE, INC.

**Current Principal Place of Business:**

750 S. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

750 S. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 65-1025490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THAW, REBECCA  
750 S. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020 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: P  
Name: BACCHELLI, SANDRO  
Address: 5840 LA GORCE DR.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP  
Name: PEREZ, CHRISTOPHER  
Address: 750 S. FEDERAL HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPS  
Name: COLEMAN, MARTIN  
Address: 750 S. FEDERAL HWY  
City-St-Zip: HOLLYWOOD, FL 33020

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: MARTIN E. COLEMAN

SEC.

03/03/2011

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

\_\_\_\_\_ Date