

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071682

FILED  
Feb 17, 2006  
Secretary of State

Entity Name: ALL CARE MEDICAL CLINIC INC.

## Current Principal Place of Business:

11300 N.W. 87TH COURT  
117  
HIALEAH GARDENS, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

11300 N.W. 87TH COURT  
117  
HIALEAH GARDENS, FL 33016

## New Mailing Address:

FEI Number: 65-1027605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARMONA, MARVIN A  
11300 NW 87TH COURT  
117  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

MARINA, MARIA  
11300 NW 87TH COURT  
117  
HIALEAH GARDENS, FL 33016 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: MARIA MARINA

02/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARMONA, MARVIN A  
Address: 11300 NW 87TH COURT  
City-St-Zip: HIALEAH GARDENS, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARINA, MARIA  
Address: 11300 NW 87TH COURT  
City-St-Zip: HIALEAH GARDENS, FL 33016

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: MARIA MARINA

P

02/17/2006

Electronic Signature of Signing Officer or Director

Date