2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P02000010759

Entity Name: VALENCIA'S MEDICAL CARE, P.A.

Current Principal Place of Business:

161 S. US HWY 27
SOUTH BAY, FL 33493

New Principal Place of Business:

101 NW 1ST AVENUE
SOUTH BAY, FL 33493

Current Mailing Address:

161 S. US HWY 27
SOUTH BAY, FL 33493

New Mailing Address:

7105 SW 8 STREET
306
MIAMI, FL 33144

FEI Number: 01-0581144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENCIA, JAMES
161 USA HIGHWAY 27
SOUTH BAY, FL 33493 US

Name and Address of New Registered Agent:

VALENCIA, JAMES
101 NW 1ST AVENUE
SOUTH BAY, FL 33493 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: 05/01/2007
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: PVTD ( ) Delete
Name: VALENCIA, LUCY
Address: 161 USA HIGHWAY 27
City-St-Zip: SOUTH BAY, FL 33493

Title: SD ( ) Delete
Name: VALENCIA, FICHE
Address: 161 USA HIGHWAY 27
City-St-Zip: SOUTH BAY, FL 33493

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change ( ) Addition
Name: VALENCIA, LUCY
Address: 101 NW 1ST AVENUE
City-St-Zip: SOUTH BAY, FL 33493

Title: SD (X) Change ( ) Addition
Name: VALENCIA, FICHE
Address: 101 NW 1ST AVENUE
City-St-Zip: SOUTH BAY, FL 33493

I hereby certify that the information supplied with this filing does not qualify 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: LUCY VALENCIA PVTD 05/01/2007
Electronic Signature of Signing Officer or Director Date