


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000034453**  
 1. Entity Name  
**A.S.A. MEDICAL CARE PLUS: INC.**



Principal Place of Business      Mailing Address  
**2525 NW 54TH ST**                      **2525 NW 54TH ST**  
**MIAMI, FL 33142**                      **MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



05232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**45-0470686**                      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ACEVEDO, ARMANDO E**  
**8961 SW 27TH ST**  
**MIAMI, FL 33165**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ACEVEDO, ARMANDO E
STREET ADDRESS	2525 NW 54TH ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	SAURA, LOURDES
STREET ADDRESS	189 CARLISLE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000369993  
 07/01/05-80004-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 titles empowered.

SIGNATURE: **X**  **ARMANDO E. ACEVEDO, DIR.**    **(305) 633-9090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #