

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 45-0470686 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000755866 05/23/07-80007-017 150.00 |
|---|---|---|

| 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 | |

DO NOT WRITE IN THIS SPACE

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: X *Armando E. Acevedo* **ARMANDO E. ACEVEDO DIR. 1/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #