


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0470686	Applied For 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

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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
After May 1, 2008 Fee will be \$550.00

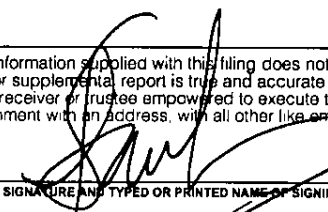
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, ARMANDO E 2525 NW 54TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA, LOURDES 189 CARLISLE DR MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/28/08-80039-005 150.00

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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 empowerments.

SIGNATURE: *a*  **LOURDES SAURA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES. -** **4-29-08** **(305) 633-9090**
Date Daytime Phone #