2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034453

Entity Name: A.S.A. MEDICAL CARE PLUS: INC

FILED Jun 29, 2009 Secretary of State

Entity Nai	me: A.S.A. IVI	EDICAL CARE PLUS: INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2525 NW : MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2525 NW : MIAMI, FL					
FEI Number	: 45-0470686	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
8961 SW 2 MIAMI, FL The above	33165 US		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (ACEVEDO, AR 2525 NW 54TH MIAMI, FL 331	l ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SAURA, LOUR 189 CARLISLE MIAMI SPRING	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ARMANDO E ACEVEDO PRES 06/29/2009