

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034453

FILED
Apr 29, 2011
Secretary of State

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

Current Principal Place of Business:

2525 NW 54TH ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2525 NW 54TH ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 45-0470686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACEVEDO, ARMANDO E
8961 SW 27TH ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: ACEVEDO, ARMANDO E
Address: 2525 NW 54TH ST
City-St-Zip: MIAMI, FL 33142

Title: D
Name: SAURA, LOURDES
Address: 189 CARLISLE DR
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: ARMANDO ACEVEDO MD

PRES

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date