

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043933

Entity Name: U.S. MEDICAL CARE, INC.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4800 N FEDERAL HWY  
SUITE B-300  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N FEDERAL HWY  
SUITE B-300  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 45-0482536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDMAN ROSENWASSER & GOLDBAUM, P.A.  
5355 TOWN CENTER ROAD  
SUITE 801  
BOCA RATON, FL 33486 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: DPST  
Name: MOULAVI, SASSON MD  
Address: 591 PHILLIPS DR  
City-St-Zip: BOCA RATON, FL 33432

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: SASSON MOULAVI

DPST

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date