

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105787

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: ALL SPECIALTY CARE P.A.

## Current Principal Place of Business:

5595 ORANGE DRIVE  
SUITE 206  
DAVIE, FL 33314

## New Principal Place of Business:

## Current Mailing Address:

5595 ORANGE DRIVE  
SUITE 206  
DAVIE, FL 33314

## New Mailing Address:

FEI Number: 27-0032365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KLIGER, GRIGORY  
Address: 5595 ORANGE DRIVE, SUITE 206  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GRIGORY KLIGER

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date