

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000105787

Entity Name: ALL SPECIALTY CARE P.A.

FILED
Dec 02, 2008
Secretary of State

Current Principal Place of Business:

5595 ORANGE DRIVE
SUITE 206
DAVIE, FL 33314

New Principal Place of Business:

5595 ORANGE DRIVE
SUITE 207
DAVIE, FL 33314

Current Mailing Address:

5595 ORANGE DRIVE
SUITE 206
DAVIE, FL 33314

New Mailing Address:

5595 ORANGE DRIVE
SUITE 207
DAVIE, FL 33314

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.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS,, FL 33410 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 () Delete
Name: KLIGER, GRIGORY
Address: 5595 ORANGE DRIVE, SUITE 206
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAHRAMI, MICHAEL
Address: 5595 ORANGE DRIVE, SUITE 207
City-St-Zip: DAVIE, FL 33314

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: BAHRAMI

P

12/02/2008

Electronic Signature of Signing Officer or Director

Date