2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# P03000021830

Entity Name: FAMILY CARE MEDICAL CENTER II, INC.

Current Principal Place of Business:

18518 NW 67TH AVE
SUITE A
MIAMI GARDENS, FL 33015

New Principal Place of Business:

Current Mailing Address:

18518 NW 67TH AVE
SUITE A
MIAMI GARDENS, FL 33015

New Mailing Address:

FEI Number: 04-3742722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBLES, NORA
18518 NW 67TH AVE
SUITE A
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

ROBLES, NORA
18518 NW 67TH AVE
SUITE A
MIAMI GARDENS, FL 33015 US

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: _____ 04/01/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: ROBLES, NORA
Address: 18518 NW 67TH AVE , SUITE A
City-St-Zip: MIAMI GARDENS, FL 33015

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: NORA ROBLES PSTD 04/01/2011
Electronic Signature of Signing Officer or Director — Date