

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000063204

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** MED-CARE MEDICAL CENTER INC.

**Current Principal Place of Business:**

9766 SW 24 STREET  
SUITE # 9  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9766 SW 24 STREET  
SUITE # 9  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 03-0520699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAVARRO, CARLOS  
11417 SW 245 STREET  
HOMESTED, FL 33032 US

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

NAVARRO, CARLOS  
9766 SW 24 STREET  
SUITE #9  
MIAMI, FL 33165 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:** CARLOS NAVARRO

01/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVD  
**Name:** NAVARRO, CARLOS  
**Address:** 9766 SW 24 STREET SUITE# 9  
**City-St-Zip:** MIAMI, FL 33165

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:** CARLOS NAVARRO

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01/24/2011

Electronic Signature of Signing Officer or Director

Date