FILED

07 MAR 14 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106306

1. Entity Name
CAREMED INSTITUTE CORP.

Principal Place of Business	Mailing Address
434 SW 12 AVE SUITE 306 MIAMI, FL 33135	434 SW 12 AVE SUITE 306 MIAMI, FL 33135

03072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
761 E. Okeechobee RD	761 E. Okeechobee RD
Suite, Apt. #, etc. / City & State: HiAleah, Fl.	Suite, Apt. #, etc. / City & State: HiAleah, Fl.
Zip: 33010 Country: DADE	Zip: 33010 Country: DADE

4. FEI Number: 20-0262097 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FERNANDEZ, LOURDES~~ ~~1715 WEST 79TH STREET~~ ~~HIALEAH, FL 33014~~	Name: MACA E. DE GARCIA Street Address (P.O. Box Number is Not Acceptable): 761 E. Okeechobee, RD. City: HiAleah FL Zip Code: 33010

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~FERNANDEZ, LOURDES~~ ~~1715 WEST 79TH STREET~~ ~~HIALEAH, FL 33014~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MACA E. DE GARCIA. 761 E. Okeechopee, RD. HiAleah, Fl. 33010 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] K. Eckel MAR 14 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #