2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P03000131532

Entity Name: C & C COMPLETE MEDICAL CARE GROUP, P.A.

Current Principal Place of Business:

1931 EAST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

201 GOLDEN ISLES DRIVE APT. 207
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-0582768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, ROBERT K
BROOKS & ASSOCIATES PA.
1920 E. HALLANDALE BEACH, SUITE 701
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CALINESCU AND ASSOC. PA
1930 HARRISON STREET
SUITE 503
HOLLYWOOD, FL 33020 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: CRISTINA CALINESCU 04/16/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: CALINESCU, CORNELL V
Address: 201 GOLDEN ISLES DRIVE APT. 207
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete
Name: CALINESCU, CORNELL V
Address: 201 GOLDEN ISLES DRIVE APT.207
City-St-Zip: HALLANDALE, FL 33009

Title: VP (X) Delete
Name: ALTAMIRANO, DARIO
Address: 1731 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: CALINESCU, CORNELL V
Address: 201 GOLDEN ISLES DRIVE APT. 207
City-St-Zip: HALLANDALE, FL 33009

Title: VPTD (X) Change ( ) Addition
Name: LIEBERMAN, CAROL B
Address: 2201 S OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

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: CORNELL CALINESCU P 04/16/2008
Electronic Signature of Signing Officer or Director Date