

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021333

Entity Name: A-1 MASTECTOMY CARE, INC.

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

16608 SADDLE CLUB RD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16608 SADDLE CLUB RD
WESTON, FL 33326

New Mailing Address:

FEI Number: 76-0750697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, MARIA A
16608 SADDLE CLUB RD
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISEMAN, MARIA A
Address: 17199 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD () Delete
Name: ALVAREZ, NELSON
Address: 17199 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA A. WISEMAN

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date