

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025905

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** HOPE OF LIFE MEDICAL CARE, INC.

**Current Principal Place of Business:**

3670-72 NW 1ST ST  
MIAMI, FL 33125

**New Principal Place of Business:**

1900 SW 22ND STREET  
200  
MIAMI, FL 33145

**Current Mailing Address:**

3670-72 NW 1ST ST  
MIAMI, FL 33125

**New Mailing Address:**

1900 SW 22ND STREET  
200  
MIAMI, FL 33145

**FEI Number:** 81-0643640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUEÑAS, JOSE R  
3670-72 NW 1ST ST  
MIAMI, FL 33125 US

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

DUEÑAS, JOSE R  
1900 SW 22ND STREET  
200  
MIAMI, FL 33145 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:

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROQUE, MARIA GISELA  
Address: 1900 SW 22ND STREET SUIT 200  
City-St-Zip: MIAMI, FL 33145

Title: VTD  
Name: DUEÑAS, JOSE R  
Address: 1900 SW 22ND STREET SUIT 200  
City-St-Zip: MIAMI, FL 33145

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: JOSE R DUEÑAS

VTD

03/09/2011

Electronic Signature of Signing Officer or Director

Date