

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164223

FILED
Jan 20, 2011
Secretary of State

Entity Name: FLORIDA HEALTHCARE PLUS, INC.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD PH-1
CORAL GABLES, FL 33134

New Principal Place of Business:

2100 PONCE DE LEON BLVD
PH-1
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD PH-1
CORAL GABLES, FL 33134

New Mailing Address:

2100 PONCE DE LEON BLVD
PH-1
CORAL GABLES, FL 33134

FEI Number: 56-2493693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CARLOS J
2100 PONCE DE LEON BLVD PH-1
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GONZALEZ, CARLOS J
2100 PONCE DE LEON BLVD
PH-1
CORAL GABLES, FL 33134 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 J GONZALEZ

01/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: QUIRANTES, RAMON JR V
Address: 2100 PONCE DE LEON BLVD PH-1
City-St-Zip: CORAL GABLES, FL 33134

Title: P
Name: GONZALEZ, CARLOS J SEC
Address: 2100 PONCE DE LEON BLVD PH-1
City-St-Zip: CORAL GABLES, FL 33134

Title: COO
Name: HERNANDEZ, PEDRO
Address: 2100 PONCE DE LEON BLVD PH-1
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO
Name: QUIRANTES, ADELAIDA T
Address: 2100 PONCE DE LEON BLVD PH-1
City-St-Zip: CORAL GABLES, FL 33134

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 J GONZLEZ

P

01/20/2011

Electronic Signature of Signing Officer or Director

Date