2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# P05000013057

Entity Name: TREASURE CARE MEDICAL CENTER INC

Current Principal Place of Business:

4545 NW 7 ST
SUITE #15
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4545 NW 7 ST
SUITE # 15
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-2215285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, LEIDIANA
2000 SW 80 CT
MIAMI, FL 33155 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIAZ, LILIANA
Address: 8100 SW 8 ST
City-St-Zip: MIAMI, FL 33144

Title: V ( ) Delete
Name: CUNI, PEDRO
Address: 8100 SW 8 ST # 02
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: CUNI, PEDRO
Address: 8100 SW 8 ST # 02
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DIAZ, LILIANA
Address: 8100 SW 8 ST
City-St-Zip: MIAMI, FL 33144 US

Title: VPD (X) Change ( ) Addition
Name: CUNI, PEDRO
Address: 8100 SW 8 ST # 02
City-St-Zip: MIAMI, FL 33144 US

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: LILIANA DIAZ PSTD 08/13/2008

Electronic Signature of Signing Officer or Director Date