

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059407

FILED
Apr 23, 2008
Secretary of State

Entity Name: CARE-FLEX MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

9415 NE 6 AVE
MIAMI SHORES, FL 33138

New Principal Place of Business:

9415 NE 6 AVE
MIAMI SHORES, FL 33138 US

Current Mailing Address:

PO BOX 141799
CORAL GABLES, FL 33114

New Mailing Address:

PO BOX 141799
CORAL GABLES, FL 33114 US

FEI Number: 20-4658994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVA, ANGEL D
780 NW 42 AVENUE
SUITE 416
MIAMI, FL 33126 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: DP () Delete
Name: DIAZ, MARIA A
Address: 9415 NE 6 AVE
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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. DIAZ

DP

04/23/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date