2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P05000063730

Entity Name: CERTIFIED MEDICAL CARE INC.

Current Principal Place of Business:

721 NW 29 STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

721 NW 29 STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 20-2769870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIANA, DAISY
20202 NW 52 CT.
MIAMI, FL 33055 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: V ( ) Delete
Name: TRIANA, DAISY
Address: 20202 NW 52 CT.
City-St-Zip: MIAMI, FL 33055

Title: P ( ) Delete
Name: LEYVA, STEPHANIE
Address: 19684 NW 86 CT T
City-St-Zip: MIAMI, FL 33015

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 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: STEPHANIE LEYVA P 02/28/2006

Electronic Signature of Signing Officer or Director Date