

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063730

FILED
Apr 30, 2008
Secretary of State

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:

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

Title: VSD () Delete
Name: RUBIO, ANIELKA
Address: 6501 COOLIDGE ST.
City-St-Zip: HOLLYWOOD, FL 33024

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 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

04/30/2008

Electronic Signature of Signing Officer or Director

Date