2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# P05000063730

Entity Name: CERTIFIED MEDICAL CARE INC.

Current Principal Place of Business:

42 NW 27 TH AVE.
SUITE 315
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

42 NW 27 TH AVE
SUITE 315
MIAMI, FL 33125

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

OFFICERS AND DIRECTORS:

Title: PVST
Name: LEYVA, STEPHANIE
Address: 19684 NW 86 CT T
City-St-Zip: MIAMI, FL 33015

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: STEPHANIE LEYVA PRES 03/09/2011

Electronic Signature of Signing Officer or Director Date