2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90088 020 ***150.00

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02112006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000079587

1. Entity Name
MED HOPE CARE CENTER, INC.

Principal Place of Business	Mailing Address
12519 CARA CARA LOOP BRADENTON, FL 34212 US	12519 CARA CARA LOOP BRADENTON, FL 34212 US

2. Principal Place of Business	3. Mailing Address
4401 85th Ave. Circle East	4401 85th Ave. Circle East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Parrish, Florida	City & State: Parrish, Florida
Zip: 34219 Country: U.S.A	Zip: 34219 Country: U.S.A

4. FEI Number: 020744373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, GUILLERMO 12519 CARA CARA LOOP BRADENTON, FL 34212	Name: Suarez, Guillermo Street Address (P.O. Box Number is Not Acceptable): 4401 85th Avenue Circle East City: Parrish FL Zip Code: 34219

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] MD DATE: 02/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, GUILLERMO 12519 CARA CARA LOOP BRADENTON, FL 34212 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Suarez, Guillermo 4401 85th Avenue Circle East Parrish, Florida 34219 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Luz Mildred Suarez 4401 85th Ave Circle East Parrish, FL. 34219 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MD 02/11/06 727 415-1395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #