

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 012 ***150.00

DOCUMENT # P05000079587					
1. Entity Name MED HOPE CARE CENTER, INC.					
Principal Place of Business 4401 85TH AVE. CIRCLE E. PARRISH, FL 34219 US			Mailing Address 4401 85TH AVE. CIRCLE E. PARRISH, FL 34219 US		
2. Principal Place of Business - No P.O. Box # <i>18314 Prairie Wolf Glen</i>		3. Mailing Address <i>18314 Prairie Wolf Glen</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Parrish, FL</i>		City & State <i>Parrish, FL</i>		4. FEI Number 02-0744373	
Zip <i>34219</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, GUILLERMO 4401 85TH AVENUE CIRCLE E. PARRISH, FL 34219			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>18314 Prairie Wolf Glen</i> City <i>Parrish</i> FL <i>34219</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 4401 85TH AVE. CIRCLE E. PARRISH, FL 34219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUAREZ, LUZ MILDRED 4401 85TH AVE. CIRCLE E. PARRISH, FL 34219	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/03/2008</i> Daytime Phone # <i>9417521700</i>		