

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086783

Entity Name: A PLUS CARE MEDICAL CENTER, INC

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

5972 W 16TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5972 W 16TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-3010881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLANUEVA, IVAN E
5972 W 16TH AVE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SILVA VEGA, SALVADOR
5972 W 16TH AVE
HIALEAH, FL 33012 US

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: SALVADOR SILVA VEGA

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLANUEVA, IVAN E
Address: 1701 NW 123RD AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD (X) Delete
Name: FUGATES, GIPSY
Address: 14022 SW 15TH CT
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SILVA VEGA, SALVADOR
Address: 1527 WEST 42 PLACE
City-St-Zip: HIALEAH, FL 33012

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: SALVADOR SILVA VEGA

DPS

02/13/2007

Electronic Signature of Signing Officer or Director

Date