

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90052 039 \*\*\*150.00

<b>DOCUMENT # P05000092848</b> 1. Entity Name <b>D.O MEDICAL CARE, INC.</b>																											
Principal Place of Business <b>5209 N.W. 74TH AVE. #219 MIAMI, FL 33166</b>		Mailing Address <b>5209 N.W. 74TH AVE. #219 MIAMI, FL 33166</b>																									
2. Principal Place of Business <b>5209 NW 74 Ave</b> Suite, Apt. #, etc. <b>219</b> City & State <b>Miami FL</b> Zip <b>33166</b> Country <b>MIAMI DADE</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc. <b>SAME</b> City & State <b>SAME</b> Zip Country																									
6. Name and Address of Current Registered Agent <b>MENA, FRANCISCO R 7873 SW 34 TERR. MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>FRANCISCO MENA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5209 NW 74 Ave</b> Suite <b>219</b> City <b>Miami</b> FL Zip Code <b>33166</b>																									
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 <i>[Signature]</i> <span style="float: right;">1-27-06</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MENA, FRANCISCO R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5209 N.W. 74TH AVE. #219</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	MENA, FRANCISCO R		STREET ADDRESS	5209 N.W. 74TH AVE. #219		CITY-ST-ZIP	MIAMI, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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. <b>305-477-9370</b> <b>1-27-06</b>																											
SIGNATURE <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-27-06</b> Daytime Phone #																									