

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2006 90052 039 ***150.00

DOCUMENT # P05000092848

1. Entity Name
D.O MEDICAL CARE, INC.



Principal Place of Business Mailing Address

5209 N.W. 74TH AVE. **5209 N.W. 74TH AVE.**
#219 **#219**
MIAMI, FL 33166 **MIAMI, FL 33166**



2. Principal Place of Business 3. Mailing Address

5209 NW 74AVE **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

219 **SAME**

City & State City & State

Miami FL **SAME**

Zip Country

33166 **MIAMI DADE**

01202006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

43-2084999 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

MENA, FRANCISCO R Name **FRANCISCO MENA**
7873 SW 34 TERR. Street Address (P.O. Box Number is Not Acceptable) **5209 NW 74AVE**
MIAMI, FL 33155 **Suite 219**
 City **Miami** **FL** Zip Code **33166**

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]* DATE **1-27-06**

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	TITLE	NAME
P	MENA, FRANCISCO R		
	5209 N.W. 74TH AVE. #219		
	MIAMI, FL 33166		

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]* Date **1-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #