

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P05000152343**

1. Entity Name
**AA HEALTH CARE MEDICAL
CENTER, INC.**



FILED
08 MAY -6 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

2. Principal Place of Business - No P.O. Box #
7175 SW 8ST

Suite, Apt. #, etc.
202

City & State
Miami FL

Zip
33144 Country
USA

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

B Chg-P **CR2E034 (12/06)**

4. FEI Number
203808661

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

Name
Rolando Martinez.

Street Address (P.O. Box Number is Not Acceptable)
7175 SW 8ST # 202

City
Miami State
FL Zip Code
33144

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]* **5-5-08.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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 <input type="checkbox"/> Delete ROLANDO MARTINEZ 7175 SW 8ST #202 Miami FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* **5-5-08**

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