


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90151 001 ***150.00
03-01-2007 90151 002 *****8.75

DOCUMENT # P06000003861	
1. Entity Name ALL CARE HEALTH SERVICES OF MIAMI CORP	

Principal Place of Business 12919 SW 49 ST MIAMI, FL 33175	Mailing Address 12919 SW 49 ST MIAMI, FL 33175
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2. Principal Place of Business - No P.O. Box # 9240 SW 72 ST	3. Mailing Address 9240 S.W 72 ST
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. 207
City & State Miami FL	City & State Miami FL
Zip 33173	Country USA



02272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent YANES, MAILENE 12919 SW 49 ST MIAMI, FL 33175	
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4. FEI Number 760813160	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 MAILENE YANES	DATE 2/27/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANES, MAILENE 12919 SW 49 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YANES, ALEXIS RAUL 12919 SW 49 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLL, RAQUEL M 12919 SW 49 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD COLL, RAQUEL M 12751 S.W 133 ST MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLL, JORGE M 12919 SW 49 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD COLL, JORGE M 12751 S.W 133 ST MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MAILENE YANES	DATE 2/27/07 DAYTIME PHONE # 305-275-7517