

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000003861

**Entity Name:** ALL CARE HEALTH SERVICES OF MIAMI CORP

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9240 SW 72 STREET  
#106  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9240 SW 72 STREET  
#106  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 76-0813160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YANES, MAILENE  
9240 SW 72 STREET  
#106  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: YANES, MAILENE  
Address: 9240 SW 72 STREET #106  
City-St-Zip: MIAMI, FL 33173

Title: VPD  
Name: YANES, ALEXIS RAUL  
Address: 9240 SW 72 STREET #106  
City-St-Zip: MIAMI, FL 33173

I hereby 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 all other like empowered.

SIGNATURE: MAILENE YANES

PD

01/12/2011

Electronic Signature of Signing Officer or Director

Date