

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000003861

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2721 SW 137 AVE SUITE 112  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

2721 SW 137 AVE SUITE 112  
MIAMI, FL 33175

**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:**

YANES, MAILENE  
2721 SW 137 AVE  
112  
MIAMI, FL 33175 US

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: MAILENE YANES, P

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: YANES, MAILENE  
Address: 2721 SW 137 AVE SUITE 112  
City-St-Zip: MIAMI, FL 33175

Title: VPD  
Name: YANES, ALEXIS RAUL  
Address: 2721 SW 137 AVE SUITE 112  
City-St-Zip: MIAMI, FL 33175

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

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date