2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 24, 2009
Secretary of State

DOCUMENT# P06000079450

Entity Name: DYNASTY CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

5840 SW 8 STREET
#2
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5840 SW 8 STREET
#2
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-5015558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SILVA, SALVADOR
1527 W 42ND PLACE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

TORRES, RONALD
11111 TAFT STREET
PEMBROKE PINES, FL 33026 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: RT 09/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVA, SALVADOR
Address: 1527 W 42ND PLACE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TORRES, RONALD
Address: 11111 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RT PD 09/24/2009
Electronic Signature of Signing Officer or Director Date