

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082901

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEDCARD AFFORDABLE HEALTHCARE INC.

Current Principal Place of Business:

8820 CORAL WAY
B
MIAMI, FL 33165 US

New Principal Place of Business:

9425 S.W. 72 ST.
211
MIAMI, FL 33173 US

Current Mailing Address:

8820 CORAL WAY
B
MIAMI, FL 33165 US

New Mailing Address:

9425 S.W. 72 ST.
211
MIAMI, FL 33173 US

FEI Number: 43-2107216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, MIRIAM A
8820 CORAL WAY
B
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

OLIVA, MIRIAM A
9425 S.W. 72 ST.
211
MIAMI, FL 33173 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: MIRIAM A. OLIVA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVA, MIRIAM A
Address: 8820 CORAL WAY SUITE B
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVA, MIRIAM A
Address: 9425 SW 72 ST. #211
City-St-Zip: MIAMI, FL 33173 US

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: MIRIAM A. OLIVA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date