## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091488

Entity Name: MUSOMED HEALTH CARE, CORP.

**FILED** Mar 23, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

175 FONTAINEBLEAU BLVD STE 2-G8 175 FONTAINEBLEAU BLVD MIAMI, FL 33172

STE 2-G8

MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

175 FONTAINEBLEAU BLVD STE 2-G8 175 FONTAINEBLEAU BLVD MIAMI, FL 33172

STE 2-G8 MIAMI, FL 33172

FEI Number: 20-5190213 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BETANCOURT, YAINIER BETANCOURT, YAINIER 175 FONTAINEBLEAU BLVD STE 2-G8 175 FONTAINEBLEAU BLVD MIAMI, FL 33172 STE 2-G8 US

MIAMI, FL 33172 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: YAINIER BETANCOURT 03/23/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

BETANCOURT, YAINIER Name:

175 FONTAINEBLEAU BLVD STE 2-G8 Address:

City-St-Zip: MIAMI, FL 33172

Title: DVP

Name: FIGUEREDO, ROGELIO

Address: 175 FONTAINEBLEAU BLVD STE 2-G8

MIAMI, FL 33172 City-St-Zip:

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: YAINIER BETANCOURT DP 03/23/2012