2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2010
Secretary of State

DOCUMENT# P06000133458

Entity Name: METROPOLITAN HEALTH COMMUNITY SERVICES CORPORATION

Current Principal Place of Business:

5959 NW 7 STREET
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5959 NW 7 STREET
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-5747296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, AGUSTIN
5959 NW 7 STREET
MIAMI, FL 33126 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: ARTAU GOMEZ, EDUARDO
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: V
Name: ARTAU FELICIANO, KAREN
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: S
Name: FELICIANO VARGAS, CARMEN
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: T
Name: ARTAU FELICIANO, EDUARDO
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

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: EDUARDO ARTAU GOMEZ PR 03/02/2010

Electronic Signature of Signing Officer or Director Date