

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000135878

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN HEALTH CARE AGENCY, INC.

**Current Principal Place of Business:**

9600 N.W. 38TH ST.  
SUITE 203  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9600 N.W. 38TH ST.  
SUITE 203  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 87-0785638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRUEIRO, JOSE  
9600 NW 38TH STREET  
SUITE 203  
DORAL, FL 331782374 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:** PSTD  
**Name:** GRUEIRO, JOSE  
**Address:** 9600 NW 38TH STREET, SUITE 203  
**City-St-Zip:** DORAL, FL 331782374

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:** JOSE GRUEIRO

PSTD

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date