

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147239

FILED
Mar 16, 2008
Secretary of State

Entity Name: SUPREME MEDICAL CARE, INC.

Current Principal Place of Business:

C/O DR. WADDAH ALLAF
1380 NE MIAMI GARDENS DRIVE #138
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

C/O DR. WADDAH ALLAF
1380 NE MIAMI GARDENS DRIVE #138
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

C/O DR. WADDAH ALLAF
19503 NE 17 AV
NORTH MIAMI BEACH, FL 33179

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLAF, WADDAH DR.
1380 N.E. MIAMI GARDENS DRIVE
SUITE 138
NORTH MIAMI BEACH, FL 33179 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: D () Delete
Name: ALLAF, WADDAH DR.
Address: 1380 NE MIAMI GARDENS DRIVE #138
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: RADWAN, NIDAL DR.
Address: 1380 NE MIAMI GARDENS DRIVE #138
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: RODRIGUEZ, OFELIO DR.
Address: 4904 SW 164TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WA

MGR

03/16/2008

Electronic Signature of Signing Officer or Director

Date