

## 8/15

08-13-2008 90003 015 \*\*\*550.00

<b>DOCUMENT # P07000006959</b> 1. Entity Name <b>SOUTH FLORIDA MOBILE MEDICAL CARE, INC.</b>						Secretary of State 08-13-2008 90003 015 ***550.00	
Principal Place of Business <b>1321 NW 14TH STREET SUITE 203 MIAMI, FL 33125 US</b>				Mailing Address <b>1321 NW 14TH STREET SUITE 203 MIAMI, FL 33125 US</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country				3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
				08072008    Chg-P    CR2E034 (12/06)			
				4. FEI Number <b>20-8253051</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ESPAILLAT, ALEJANDRO 1321 NW 14TH STREET SUITE 203 MIAMI, FL 33125</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL      Zip Code _____			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agents signature required when renewing)</small> <span style="float: right;"><small>DATE</small></span>							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Delete					
STREET ADDRESS	ESPAILLAT, ALEJANDRO						
CITY-ST-ZIP	1321 NW 14TH STREET SUITE 203 MIAMI, FL 33125						
TITLE	VP	<input type="checkbox"/> Delete					
NAME	BERMEJO-ESPAILLAT, ROSANNA						
STREET ADDRESS	1321 NW 14TH STREET SUITE 203						
CITY-ST-ZIP	MIAMI, FL 33125						
TITLE		<input type="checkbox"/> Delete					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME							
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CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>8/11/08</b> Phone: <b>305-545-9393</b>			