# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2010**
**Secretary of State**

DOCUMENT# P07000006959

**Entity Name:** SOUTH FLORIDA MOBILE MEDICAL CARE, INC.

**Current Principal Place of Business:**

1321 NW 14TH STREET
SUITE 203
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

1321 NW 14TH STREET
SUITE 203
MIAMI, FL 33125 US

**New Mailing Address:**

**FEI Number: 20-8253051** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ESPAILLAT, ALEJANDRO
1321 NW 14TH STREET
SUITE 203
MIAMI, FL 33125 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: ESPAILLAT, ALEJANDRO
Address: 1321 NW 14TH STREET SUITE 203
City-St-Zip: MIAMI, FL 33125 US

Title: VP
Name: BERMEJO-ESPAILLAT, ROSANNA
Address: 1321 NW 14TH STREET SUITE 203
City-St-Zip: MIAMI, FL 33125 US

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: BERMEJO-ESPAILLAT, ROSANNA VP 04/26/2010

Electronic Signature of Signing Officer or Director Date