

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013052

Entity Name: POINTS CARE CENTER INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

7928 MERIDIAN ST
MIRIMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7928 MERIDIAN ST
MIRIMAR, FL 33023

New Mailing Address:

FEI Number: 30-0432488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISOLYN, WILSON
7928 MERIDIAN ST
MIRIMAR, FL 33023 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: P () Delete
Name: ISOLYN, WILSON
Address: 7928 MERIDIAN ST
City-St-Zip: MIRIMAR, FL 33023

Title: VP () Delete
Name: NATALIE, DOYLEY
Address: 7928 MERIDIAN ST
City-St-Zip: MIRIMAR, FL 33023

Title: S () Delete
Name: ALECIA, BENNETT
Address: 7928 MERIDIAN ST
City-St-Zip: MIRIMAR, FL 33023

Title: T () Delete
Name: SOLOMON, WILSON
Address: 7928 MERIDIAN ST
City-St-Zip: MIRIMAR, FL 33023

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:

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: ISOLYN WILSON

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date