2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P07000025562

Entity Name: CENTER FOR MEDICAL CARE CORP.

Current Principal Place of Business:

881 E. 2ND AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

9555 N. KENDALL DRIVE
101
MIAMI, FL 33176

Current Mailing Address:

881 E. 2ND AVENUE
HIALEAH, FL 33010

New Mailing Address:

9555 N. KENDALL DRIVE
101
MIAMI, FL 33176

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

Name and Address of Current Registered Agent:

CRUZ, LUIS
881 E. 2ND AVENUE
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

VALLADARES, WILLIAM
9555 N. KENDALL DRIVE
MIAMI, FL 33176 US

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: WILLIAM VALLADARES 04/22/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRUZ, LUIS
Address: 881 E. 2ND AVENUE
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALLADARES, WILLIAM
Address: 9555 N. KENDALL DRIVE, #101
City-St-Zip: MIAMI, FL 33176

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: WILLIAM VALLADARES PD 04/22/2008
Electronic Signature of Signing Officer or Director Date