

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000038629

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** CENTOS NURSING CARE INC

**Current Principal Place of Business:**

3650 NW 82 AVE  
#503  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7633 NW 166 TERRACE  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 20-8734115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CENTO, ANABEL  
7633 NW 166 TERRACE  
HIALEAH, FL 33015 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CENTO, ANABEL  
Address: 7633 NW 166 TERRACE  
City-St-Zip: HIALEAH, FL 33015

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: ANABEL CENTO

P

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date