

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000043343

Entity Name: MCCY CARE, CORP.

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9452 SW 4TH LANE  
MIAMI, FL 33174

**New Principal Place of Business:**

8280 SUNRISE LAKES BLVD  
301  
SUNRISE, FL 33322

**Current Mailing Address:**

9452 SW 4TH LANE  
MIAMI, FL 33174

**New Mailing Address:**

8280 SUNRISE LAKES BLVD  
301  
SUNRISE, FL 33322

FEI Number: 20-8808852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUBA, MARIA D  
8280 SUNRISE JAKES BLVD  
301  
SUNRISE, FL 33322 US

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

CUBA, MARIA D  
8280 SUNRISE LAKES BLVD  
301  
SUNRISE, FL 33322 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: MARIA CUBA

10/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CUBA, MARIA DEL C  
Address: 8280 SUNRISE LAKES BLVD #301  
City-St-Zip: SUNRISE, FL 33322

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: MARIA CUBA

PD

10/14/2010

Electronic Signature of Signing Officer or Director

Date