# 2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 31, 2010**
**Secretary of State**

DOCUMENT# P07000073773

**Entity Name:** ANCON SENIOR CARE CORP.

**Current Principal Place of Business:**

736 E 10TH STREET
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

736 E 10TH STREET
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number: 26-0430952** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RIVERA, OMAR
736 E 10TH STREET
HIALEAH, FL 33010 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: PD
Name: RIVERA, OMAR
Address: 736 E 10TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: VD
Name: LORENTE, NICOLAS
Address: 736 E 10TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: VP
Name: DEL PRADO, LUIS
Address: 15314 SW 72 STREET, BLDG. 20, UNIT 12
City-St-Zip: MIAMI, FL 33193

Title: VP
Name: RODRIGUEZ, ROGELIO
Address: 4391 COLLINS AVE #31417
City-St-Zip: MIAMI BEACH, FL 33140

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: OMAR RIVERA PD 03/31/2010

Electronic Signature of Signing Officer or Director Date