

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000124974

FILED
Sep 04, 2008
Secretary of State**Entity Name:** UNIVERSAL MED-CARE CENTER CORP**Current Principal Place of Business:**7150 W 20TH AV
608
HIALEAH, FL 33016**New Principal Place of Business:****Current Mailing Address:**7150 W 20TH AV
608
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 26-1442736**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**MILEYDIS, TORRES
14463 NW 87 PL
MIAMI LAKES, FL 33018 US**Name and Address of New Registered Agent:**ORTIZ, AURELIO A
3610 S.W. 114 PLACE
MIAMI, FL 33165 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: AURELIO A. OTIZ

09/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: MILEYDIS, TORRES
Address: 14463 NW 87 PL
City-St-Zip: MIAMI, FL 33018 US**Title:** VP (X) Delete
Name: HUACHILLO, OSCAR
Address: 19254 CRISTAL ST
City-St-Zip: WESTON, FL 33332**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PT (X) Change () Addition
Name: ORTIZ, AURELIO A
Address: 3610 S.W. 114 PLACE
City-St-Zip: MIAMI, FL 33165 US**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: AURELIO A. ORTIZ

PT

09/04/2008

Electronic Signature of Signing Officer or Director

Date