2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# P07000124974

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:

14463 NW 87 PLACE
MIAMI LAKES, FL 33018 US

Current Mailing Address:

7150 W 20TH AV
608
HIALEAH, FL 33016

New Mailing Address:

14463 NW 87 PLACE
MIAMI LAKES, FL 33018 US

FEI Number: 26-1442736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, AURELIO A
3610 S.W. 114 PLACE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

TORRES, MILEYDIS PT
14463 NW 87 PLACE
MIAM ILAKES, FL 33018 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: MILEDYS TORRES 09/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: ORTIZ, AURELIO A
Address: 3610 S,W, 114 PLACE
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HUACHILLO, OSCAR VP
Address: 19254 CRYSTAL STREET
City-St-Zip: WESTON, FL 33332 US

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: MILEYDIS TORRES PT 09/30/2008
Electronic Signature of Signing Officer or Director Date