## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000015973

Entity Name: SURGICARE MEDICAL, CORP.

FILED Jun 22, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

285 NW 121 COURT MIAMI, FL 33182

**Current Mailing Address: New Mailing Address:** 

285 NW 121 COURT MIAMI, FL 33182

FEI Number: 26-1957799 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FIGUEROA, ANTHONY FIGUEROA, ANTHONY 13081 S W 133 COURT 11980 SW 144 COURT STE 111 MIAMI, FL 33186 US MIAMI, FL 33186

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: ANTHONY FIGUEROA 06/22/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

FIGUEROA, ANTHONY FIGUEROA, ANTHONY Name: Name: 11980 SW 144 COURT STE 111 Address: 13081 S W 133 COURT Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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: ANTHONY FIGUEROA PR 06/22/2009