

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000023652

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** FIRSTCARE INSTITUTE OF HEALTH CAREERS, INC.

**Current Principal Place of Business:**

2040 NE 163RD STREET  
303  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 640342  
MIAMI, FL 33164

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

MCLEAN, CLAUDIA  
2040 NE 163RD. STREET, #303  
NORTH MIAMI BEACH, FL 33162 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MCLEAN, LISIA  
Address: P.O BOX 640342  
City-St-Zip: MIAMI, FL 33164

Title: ST  
Name: MCLEAN, CLAUDIA  
Address: P.O BOX 640342  
City-St-Zip: MIAMI, FL 33164

Title: P  
Name: MCLEAN, DIANA  
Address: P.O BOX 640342  
City-St-Zip: MIAMI, FL 33164

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: CLAUDIA MCLEAN

VP

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date