2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

DOCUMENT# P08000093859

Entity Name: MIAMI HEALTH CARE, INC.

Current Principal Place of Business:

233 N. UNIVERSITY DRIVE
PEMROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

233 N. UNIVERSITY DRIVE
PEMROKE PINES, FL 33024

New Mailing Address:

FEI Number: 80-0286197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRSCHENSON, DAVID
233 N. UNIVERSITY DRIVE
PEMROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: HIRSCHENSON, DAVID
Address: 233 N. UNIVERSITY DRIVE
City-St-Zip: PEMROKE PINES, FL 33024

Title: DVP
Name: HIRSCHENSON, STEPHANIE
Address: 16425 COLLINS AVENUE - WS 3A
City-St-Zip: MIAMI BEACH, FL 33160

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: DAVID HIRSCHENSON D 02/01/2010

Electronic Signature of Signing Officer or Director Date