

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093859

Entity Name: MIAMI HEALTH CARE, INC.

FILED
Apr 29, 2011
Secretary of State

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

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 L HIRSCHENSON

DVP

04/29/2011

Electronic Signature of Signing Officer or Director

Date