

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043451

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** FIRST CARE CLINIC CORP

**Current Principal Place of Business:**

285 N.W. 27TH AVE.  
SUITE 16  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

285 N.W. 27TH AVE.  
SUITE 16  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

PEREZ, ARTURO  
213 AVE. D. SW  
WINTER HAVEN, FL 33880      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: PD  
Name: PEREZ, ARTURO  
Address: 213 AVE. D. SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: ESPAILLAT, ELISEO  
Address: 285 N.W. 27TH AVENUE SUITE 216  
City-St-Zip: MIAMI, FL 33135

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: ELISEO ESPAILLAT

D

04/30/2011

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

\_\_\_\_\_  
Date