

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000077023

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA CARE NETWORK, INC.

**Current Principal Place of Business:**

19201 SW 39 CT  
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

19201 SW 39 CT  
MIRAMAR, FL 33029 US

**New Mailing Address:**

**FEI Number:** 27-0941370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREG K GONZALEZ, CPA, P.A.  
5201 BLUE LAGOON DR  
800  
MIAMI, FL 33126 US

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

RUIZ HERNANDEZ, MARTHA L  
19201 SW 39 COURT  
MIRAMAR, FL 33029 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:** MARTHA RUIZ HERNANDEZ

04/14/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** PTS  
**Name:** RUIZ HERNANDEZ, MARTHA  
**Address:** 19201 SW 39 CT  
**City-St-Zip:** MIRAMAR, FL 33029 US

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:** MARTHA RUIZ HERNANDEZ

PRES

04/14/2010

Electronic Signature of Signing Officer or Director

Date