

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000102472

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE MEDICAL CARE ASSOCIATES, INC

**Current Principal Place of Business:**

15053 SOUTH DIXIE HWY  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

15053 SOUTH DIXIE HWY  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 27-1545871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLALBA, DOUGLAS  
639 BIRD ROAD  
CORAL GABLES, FL 33146 US

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

VILLALBA, LOUIS D  
3132 SW 132 PL  
MIAMI, FL 33175 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: LOUIS DOUGLAS VILLALBA

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VILLALBA, LOUIS D  
Address: 3132 SW 132 PL  
City-St-Zip: MIAMI, FL 33175 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: LOUIS DOUGLAS VILLALBA

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date