

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001361

FILED
Feb 28, 2012
Secretary of State

Entity Name: GOLDEN CARE MEDICAL CENTER, INC

Current Principal Place of Business:

7171 SW 24 ST
SUITE # 403
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7171 SW 24 ST
SUITE # 403
MIAMI, FL 33155

New Mailing Address:

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

Name and Address of Current Registered Agent:

DELGADO, YAIMA
7171 SW 24 ST
SUITE 403
MIAMI, FL 33155 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: P
Name: DELGADO, YAIMA
Address: 7171 SW 24 ST SUITE 403
City-St-Zip: MIAMI, FL 33155

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: YAIMA DELGADO

PS

02/28/2012

Electronic Signature of Signing Officer or Director

Date