

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000008608

Entity Name: MT HEALTH CARE INC

FILED  
Mar 07, 2011  
Secretary of State

**Current Principal Place of Business:**

5135 NW 4 TER  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5135 NW 4 TER  
MIAMI, FL 33126

**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:**

TORRES, MILKA  
5135 NW 4 TER  
MIAMI, FL 33126 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: TORRES, MILKA  
Address: 5135 NW 4 TER  
City-St-Zip: MIAMI, FL 33126

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: MILKA TORRES

PD

03/07/2011

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

\_\_\_\_\_ Date