

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046693

FILED  
Jan 19, 2012  
Secretary of State

Entity Name: VEDADO FACILITY CARE INC

**Current Principal Place of Business:**

2350 SW 17 ST  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2350 SW 17 ST  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 27-2787124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORONA, MARIA E  
2350 SW 17 ST  
MIAMI, FL 33145 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: AMORES, ANA  
Address: 13391 SW 27 ST  
City-St-Zip: MIAMI, FL 33175

Title: VP  
Name: CORONA, MARIA E  
Address: 2350 S.W. 17 ST.  
City-St-Zip: MIAMI, FL 33145

Title: V  
Name: CORONA, MARIA E  
Address: 2350 SW 17 ST  
City-St-Zip: MIAMI, FL 33145

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: ANA AMORES

P

01/19/2012

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

\_\_\_\_\_  
Date