

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000051218

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SMART CHOICE HEALTH CARE SOLUTION INC.

**Current Principal Place of Business:**

6405 NW 36 STREET  
STE 112  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6405 NW 36 STREET  
STE 112  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

**FEI Number:** 27-3046924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TENDERO, ERNESTO  
6405 NW 36 STREET  
STE 112  
VIRGINIA GARDENS, FL 33166 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: TENDERO, ERNESTO  
Address: 6405 NW 36 STREET, STE 112  
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: ERNESTO TENDERO

PD

03/16/2011

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

\_\_\_\_\_  
Date