

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056665

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** MAXIMAL TRUST HEALTH CARE, INC.

**Current Principal Place of Business:**

11890 S.W. 8TH ST., STE 206  
MIAMI, FL 33184

**New Principal Place of Business:**

11890 S.W. 8TH ST.  
SUITE 206  
MIAMI, FL 33184

**Current Mailing Address:**

11890 S.W. 8TH ST., STE 206  
MIAMI, FL 33184

**New Mailing Address:**

11890 S.W. 8TH ST.  
SUITE 206  
MIAMI, FL 33184

**FEI Number:** 27-3019036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SOSA, NIVALDO L  
7237 W 29 LANE  
HIALEAH, FL 33018 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: SOSA, NIVALDO L  
Address: 7237 W 29 LANE  
City-St-Zip: HIALEAH, FL 33018

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: NIVALDO L. SOSA

PD

02/07/2011

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

\_\_\_\_\_  
Date