# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2012**
**Secretary of State**

DOCUMENT# P10000058977

**Entity Name:** MCC CARE INC

**Current Principal Place of Business:**

16969 NW 67TH AVENUE
SUITE 206
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

11500 SW 26TH STREET
6-110
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number: 27-3080146** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

M&L ACCOUNTING SERVICES, INC
16969 NW 67TH AVENUE
SUITE 201
HIALEAH, FL 33015 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: CHACON, MARY
Address: 11500 SW 26 STREET #110
City-St-Zip: MIRAMAR, FL 33025

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: MARY CHACON P 03/22/2012

Electronic Signature of Signing Officer or Director — Date