

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000063704

FILED
Jan 17, 2011
Secretary of State

Entity Name: DIRECT HELPERS MEDICAL CENTER, INC.

Current Principal Place of Business:

5881 NW 151 STREET
SUITE 115
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

5881 NW 151 STREET
SUITE 115
MIAMI, FL 33014

New Mailing Address:

FEI Number: 27-3185827 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRIEL, ALINA
10500 SW 203 TER
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

LOPEZ, IDALIS
9765 NW 128 LANE
HIALEAH GARDENS, FL 33018 US

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: LOPEZ IDALIS

01/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LOPEZ, IDALS
Address: 9765 NW 128 LANE
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: OD
Name: LOPE, IDALIS
Address: 9765 NW 128 LANE
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: TRES
Name: LPEZ, IDALIS
Address: 9765 NW 128 LANE
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: SC
Name: BRIEL, ALINA
Address: 10500 SW 203 TERRACE
City-St-Zip: MIAMI, FL 33189 US

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: LOPEZ IDALIS

OD

01/17/2011

Electronic Signature of Signing Officer or Director

Date