2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2011
Secretary of State

DOCUMENT# P10000070108

Entity Name: CLINICAL CARE CENTER, INC.

Current Principal Place of Business:

4765 WEST 8TH AVENUE
SUITE 302
HIALEAH, FL 33012

New Principal Place of Business:

11200 WEST FLAGLER STREET
SUITES 101-107
MIAMI, FL 33174

Current Mailing Address:

4765 WEST 8TH AVENUE
SUITE 302
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 27-3397745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
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: PSD
Name: DIAZ, ANTONIO
Address: 4765 WEST 8TH AVENUE, SUITE 302
City-St-Zip: HIALEAH, FL 33012

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: ANTONIO DIAZ PSD 02/02/2011

Electronic Signature of Signing Officer or Director — Date