

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072356

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MIRACLE HEALTH CENTER OF WINTER GARDEN, INC

**Current Principal Place of Business:**

319 S. DILLARD ST.  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

319 S. DILLARD ST.  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 90-0605540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTERO, ROLANDO  
11509 DELWICK DR.  
WINDERMERE, FL 34786 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: ROLANDO, QUINTERO  
Address: 11509 DELWICK DR.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP  
Name: MARCOVITCH, CARLOS  
Address: 3402 COCARD CT.  
City-St-Zip: WINDERMERE, FL 34786

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: ROLANDO QUINTERO

P

04/27/2012

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

\_\_\_\_\_  
Date