

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000017753

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** D & J CARE MEDICAL CENTER INC

**Current Principal Place of Business:**

6595 NW 36 ST  
216  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6595 NW 36 ST  
216  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

**FEI Number:** 27-5078163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMERO, ROLANDO  
6595 NW 36 ST  
216  
VIRGINIA GARDENS, FL 33166 US

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

MARZO, DARLIN  
6595 NW 36 ST  
216  
VIRGINIA GARDENS, FL 33166 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:** DARLIN MARZO

08/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARZO, DARLIN  
**Address:** 6595 NW 36 ST STE 216  
**City-St-Zip:** VIRGINIA GARDENS, FL 33166

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:** DARLIN MARZO

P

08/21/2012

Electronic Signature of Signing Officer or Director

Date