

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000052689

Entity Name: CENTRAL MEDICAL CARE , INC.

FILED
Apr 01, 2012
Secretary of State

Current Principal Place of Business:

10441 QUALITY DRIVE
206
SPRING HILL, FL 34609

New Principal Place of Business:

8021 ELBOW LANE NORTH
ST PETERSBURG, FL 33710

Current Mailing Address:

10441 QUALITY DRIVE
206
SPRING HILL, FL 34609

New Mailing Address:

700 SE 5TH TERRACE
SUITE # 2
CRYSTAL RIVER, FL 34429

FEI Number: 45-2465437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTIRE, DANIEL
8021 ELBOW LANE NORTH
ST PETERSBURG, FL 33710 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: MCINTIRE, DANIEL
Address: 8021 ELBOW LANE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

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: DANIEL MCINTIRE

P

04/01/2012

Electronic Signature of Signing Officer or Director

Date