

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000045405

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** CARE HEALTH CENTER II INC.

**Current Principal Place of Business:**

CARE HEALTH CENTER II  
8302 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

CARE HEALTH CENTER II  
8302 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 65-0669569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALAL, ASHOK  
1266 N.W. 119TH STREET  
NORTH MIAMI, FL 33168 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:** PD  
**Name:** VAKHARIA, VIJAY  
**Address:** 3365 BRIDLE PATH LANE  
**City-St-Zip:** FT. LAUDERDALE, FL 33331 US

**Title:** SD  
**Name:** VAKHARIA, DAKSHA  
**Address:** 3365 BRIDLE PATH LANE  
**City-St-Zip:** FT. LAUDERDALE, FL 33331 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:** VIJAY VAKHARIA

PD

02/10/2011

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

\_\_\_\_\_  
Date