2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P96000088289

Entity Name: JARAKI MEDICAL CARE, P.A.

Current Principal Place of Business:

8020 NW 167 TERR.
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8020 NW 167 TERR.
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0711339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVE. STE 1100
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

JARAKI, ABDUL-RAHMAN DR
8020 NW 167 TERRACE
MIAMI LAKES, FL 33016 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: DR. ABDUL-RAHMAN JARAKI 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JARAKI, ABDUL-RAHMAN
Address: 8020 NORTHWEST 167TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: JARAKI, RAFAH
Address: 8020 NORTHWEST 167TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JARAKI, ABDUL-RAHMAN DR.
Address: 8020 NORTHWEST 167TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Change ( ) Addition
Name: JARAKI, RAFAH M DR.
Address: 8020 NORTHWEST 167TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. ABDUL-RAHMAN JARAKI D 04/15/2009
Electronic Signature of Signing Officer or Director Date