
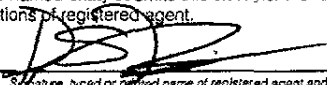
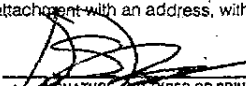


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000003691 1. Entity Name MEDICAL CARE OF FT. LAUDERDALE, INC.		
Principal Place of Business 4021 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309	Mailing Address 4021 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PELLEGRINO, SAL DR. 4021 NO ANDREWS AVE FORT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <u>4/25/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLEGRINO, SAL 731 N.E. 32ND STREET BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <u>DR. SAL PELLEGRINO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/25/06</u> Daytime Phone # <u>954 396 9943</u>



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0806123 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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05/09/06 80031-023 150.00

**DO NOT WRITE
IN THIS SPACE**