

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000023023

1. Entity Name
MEDICAL CARE CONSORTIUM INC.



Principal Place of Business

3191 CORAL WAY
SUITE #303
MIAMI, FL 33145 US

Mailing Address

3191 CORAL WAY
SUITE #303
MIAMI, FL 33145 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0818224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALARCON, EDUARDO J
2601 SW 37 AVE SUITE 607
MIAMI, FL 33133

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10000002302346

01/29/05-80050-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALARCON, EDUARDO J
3191 CORAL WAY STE 303
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARMAS, JOSE J
3191 CORAL WAY #303
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05

Date

Daytime Phone #