2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# P99000051574

Entity Name: ULTIMATE CARE CLINIC, INC.

Current Principal Place of Business:

3990 W. FLAGLER STREET
#403
MIAMI, FL 33134

New Principal Place of Business:

3990 W. FLAGLER STREET
SUITE 403
CORAL GABLES, FL 33134

Current Mailing Address:

3990 W FLAGLER STREET
STE 403
MIAMI, FL 33134

New Mailing Address:

3990 W FLAGLER STREET
SUITE 403
CORAL GABLES, FL 33134

FEI Number: 65-0925311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTOLONGO, CARLOS A
3990 W. FLAGLER STREET
#403
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

SOTOLONGO, CARLOS A
3990 W. FLAGLER STREET
SUITE 403
CORAL GABLES, FL 33134 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: CARLOS A. SOTOLONGO 03/23/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SOTOLONGO, CARLOS A
Address: 3990 W. FLAGLER STREET SUITE 403
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS A. SOTOLONGO PRES 03/23/2011
Electronic Signature of Signing Officer or Director Date