

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80490

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: MIAMI GARDENS CARE CENTRE, INC.

## Current Principal Place of Business:

190 NE 191 STREET  
MIAMI, FL 33179 US

## New Principal Place of Business:

## Current Mailing Address:

190 NE 191 STREET  
MIAMI, FL 33179 US

## New Mailing Address:

FEI Number: 65-0270903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KATZ, RICK  
190 NE 191 STREET  
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: KATZ, RICK  
Address: 5856 NW 54 CIR  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P ( ) Delete  
Name: ALEXANDER, MICHAEL  
Address: 3901 CYPRESS LAKE DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: ALEXANDER, CHERRI  
Address: 3901 CYPRESS LAKE DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: KATZ, LAURIE  
Address: 5856 NW 54 CIR  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICK KATZ

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date