


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90035 017 ***150.00

DOCUMENT # P03000060908

1. Entity Name
US CARE CENTER, INC



Principal Place of Business
701 NW 57 AVE STE #370
MIAMI, FL 33126

Mailing Address
701 NW 57 AVE STE #370
MIAMI, FL 33126

40010410



2. Principal Place of Business
2108 West Flagler ST

3. Mailing Address
2108 West Flagler ST

Suite, Apt. #, etc.
Ste - 204

02082006 Chg-P CR2E034 (11/05)

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33135 Miami-Lade

Zip Country
33135 Miami-Lade

4. FEI Number
83-0360131

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PORTIEL, JOSE
5040 E. 4TH AVE., APT. 19
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

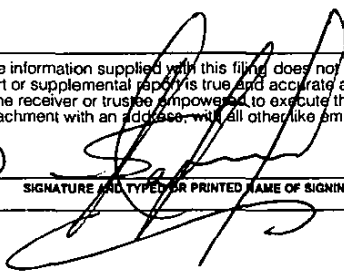
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTIEL, JOSE 5040 E 4TH AVE., APT. 19 HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  **Jose S. Portiel**
President

Date **02/08/06** (205) 642-6826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR