

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30548

**FILED
Mar 26, 2013
Secretary of State
CC0935408045**

Entity Name: MIAMI PRIMARY CARE CORPORATION

Current Principal Place of Business:

% NELSON GARCIA MORALES
9951 S.W. 40TH STREET
MIAMI, FL 33165

Current Mailing Address:

% NELSON GARCIA MORALES
9951 S.W. 40TH STREET
MIAMI, FL 33165

FEI Number: 65-0065093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, NELSON
9951 S.W. 40TH STREET
MIAMI, FL 33165 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DPS
Name	GARCIA, NELSON
Address	7725 SW 72ND TERRACE
City-State-Zip:	MIAMI FL
Title	VD
Name	LAWER-GARCIA, TATIANA M
Address	7890 SW 68TH TERRACE
City-State-Zip:	MIAMI FL 33143

Title	DT
Name	GARCIA, ANEYDA
Address	7725 SW 72ND TERRACE
City-State-Zip:	MIAMI FL 33143
Title	VD
Name	RIVERO, ARMANDO J
Address	9317 SW 123RD TERRACE
City-State-Zip:	MIAMI FL 33176

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: ANEYDA GARCIA

DT

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date