

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000081065

Entity Name: MED. MEDICAL HEALTH CARE CORP

Current Principal Place of Business:

4611 S UNIVERSITY DR
223
DAVIE, FL 33328

Current Mailing Address:

4611 S UNIVERSITY DR
223
DAVIE, FL 33328 US

FEI Number: 46-1051664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVAS FINANCIAL SERVICES, LLC
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 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: MARIO SILVA

03/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SALCEDO, MARY
Address 4611 S UNIVERSITY DR
223
City-State-Zip: DAVIE FL 33328

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: MARY SALCEDO

P

03/05/2017

Electronic Signature of Signing Officer/Director Detail

Date