

**2019 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

02/16/2019

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

02/16/2019

Electronic Signature of Signing Officer/Director Detail

Date