

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010653

**Entity Name:** A1A CARE CENTER, INC.

**Current Principal Place of Business:**

5745 NW 112 TERR  
HIALEAH, FL 33012-2573

**Current Mailing Address:**

5745 NW 112 TERRACE  
HIALEAH, FL 33012-2573

**FEI Number: 30-0035293**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

J. GARCIA AND ASSOCIATES, PA  
7850 N.W. 146 STREET STE 402  
MIAMI LAKES, FL 33016 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 D  
Name LOPEZ, JUANA  
Address 5745 NW 112 TERRACE  
City-State-Zip: HIALEAH FL 33012-2573

Title D  
Name LOPEZ, LUIS  
Address 5745 NW 112 TERRACE  
City-State-Zip: HIALEAH FL 33012-2573

*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: JUANA LOPEZ**

**PRESIDENT**

**05/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date