

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37463

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: FAITH HEALTH CARE, INC.

**Current Principal Place of Business:**

11401 SW 40TH ST  
265  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

11401 SW 40TH ST  
265  
MIAMI, FL 33165 US

**New Mailing Address:**

FEI Number: 65-0252886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DELGADO, IRMA  
13874 SW 41 TERR  
MIAMI, FL 33175 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DELGADO, IRMA,  
Address: 13874 SW 41 TERRACE  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: SUAREZ, ANA,  
Address: 3202 SW 147 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRMA DELGADO

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01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date