2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 723839

Entity Name: BORINQUEN HEALTH CARE CENTER, INC.

Current Principal Place of Business:

3601 FEDERAL HIGHWAY
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3601 FEDERAL HWY
MIAMI, FL 33137 US

New Mailing Address:

3601 FEDERAL HIGHWAY
MIAMI, FL 33137 US

FEI Number: 59-1417397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LINDER, ROBERT
3601 FEDERAL HWY
MIAMI, FL 33137 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PEREZ, EVA
Address: 5900 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33137 US

Title: VD ( ) Delete
Name: VELEZ, AUREA I
Address: 19703 E. CYPRESS CT.
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: TD ( ) Delete
Name: ALBA, VICTOR
Address: 1044 N.W. 29TH STREET, #2
City-St-Zip: MIAMI, FL 33127

Title: PD ( ) Delete
Name: LINDER, ROBERT
Address: 3601 FEDERAL HWY
City-St-Zip: MIAMI, FL 33137

Title: S ( ) Delete
Name: LAFOREST, MARGARET
Address: 153 N.W. 96 ST.
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LINDER PD 04/17/2008

Electronic Signature of Signing Officer or Director — Date