

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723839

FILED  
Apr 22, 2009  
Secretary of State

**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 HIGHWAY  
MIAMI, FL 33137 US

**New Mailing Address:**

**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

04/22/2009

Electronic Signature of Signing Officer or Director

Date