2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
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 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
Name: PEREZ, EVA
Address: 5900 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33137 US

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

Title: TD
Name: VILA, JOSE E
Address: 5096 NW 112TH COURT
City-St-Zip: DORAL, FL 33178

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

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

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

SIGNATURE: ROBERT LINDER PD 02/22/2010

Electronic Signature of Signing Officer or Director Date