

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004699

FILED
Jun 04, 2008
Secretary of State

Entity Name: INDAGO HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

200 KNUTH ROAD
226
BOYTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

5661 N.W. 29TH ST
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-3029699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDAGO HEALTHCARE OF FL. INC.
200 KNUTH RD
226
BOYNTON BEACH, FL 33436 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIRRA, RAYMOND PD
Address: 200 KNUTH RD SUITE 226
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PETERSON, MATTHEW J PD
Address: 200 KNUTH RD SUITE 226
City-St-Zip: BOYNTON BEACH, FL 33426

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: MATTHEW PETERSON

PD

06/04/2008

Electronic Signature of Signing Officer or Director

Date