2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18219

FILED Apr 16, 2009 Secretary of State

Entity Name: LLERENA'S HEALTH MED-CENTRE, CORP.

Current Principal Place of Business: New Principal Place of Business: New Mailing Address: New Mailing Address : New Mailing Addr						
MIAMI, FL 33135 Current Mailing Address: New Mailing Address: New Mailing Address: 1451 SW 1ST 1 MIAMI, FL 33135 FEI Number: 65-0155835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLERENA, SARA N 11975 SW 46ST MIAMI, FL 33175 US 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 Electronic Signature of Registered Agent Date Date Cofficers AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Name: Address: Address: Address:	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
Current Mailing Address: New Mailing Address: Name and Address of Current Registered For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address: Name: Address: Name: Address: Name: Address:	1451 SW	1ST				
1451 SW 1ST 1 MIAMI, FL 33135 FEI Number: 65-0155835 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLERENA, SARA N 11975 SW 46ST MIAMI, FL 33175 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address:	ı MIAMI, FL	33135				
MIAMI, FL 33135 FEI Number: 65-0155835 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLERENA, SARA N 11975 SW 46ST MIAMI, FL 33175 US 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: PD () Delete Name: LLERENA, SARA N Name: Address: Address:	Current Mailing Address:			New Mailing Address:		
FEI Number: 65-0155835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLERENA, SARA N 11975 SW 46ST MIAMI, FL 33175 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address: Address:	1451 SW	1ST				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of N	1 MIAMI, FL	33135				
LLERENA, SARA N 11975 SW 46ST MIAMI, FL 33175 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address:	FEI Number	: 65-0155835	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
11975 SW 46ST MIAMI, FL 33175 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address:	Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address:	11975 SW MIAMI, FL The above	/ 46ST 33175 US e named entity		ourpose of changing its registered	d office or registered agent, or both,	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address:	SIGNATU	RE:				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address:		Electro	nic Signature of Registered Age	ent	Date	
Title: PD () Delete Title: () Change () Addition Name: LLERENA, SARA N Name: Address: 11975 SW 46ST Address:	Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
Name: LLERENA, SÀRA N Name: Address: 11975 SW 46ST Address:	OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	Name: Address:	LLERENA, SAI 11975 SW 468	RA N ST	Name: Address:	()Change ()Addition	

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: SARA N LLERENA PD 04/16/2009