

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47255

FILED
Apr 26, 2008
Secretary of State

Entity Name: LEADER HEALTH CARE CENTER, INC.

Current Principal Place of Business:

5845 WEST 3RD LANE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

5845 WEST 3RD LANE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0173137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELAVAL, EDUARDO J
5845 WEST 3RD LANE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BATISTA, EVELYN M
5845 WEST 3RD LANE
HIALEAH, FL 33012 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: EVELYN M BATISTA 04/26/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BELAVAL, EDUARDO J
Address: 5845 WEST 3RD LANE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP () Delete
Name: BATISTA, EVELYN M
Address: 5845 WEST 3RD LANE
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BATISTA, EVELYN M
Address: 5845 WEST 3RD LANE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP (X) Change () Addition
Name: BELAVAL, EDUARDO J
Address: 5845 WEST 3RD LANE
City-St-Zip: HIALEAH, FL 33012 US

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: EVELYN M BATISTA PSD 04/26/2008

Electronic Signature of Signing Officer or Director Date