

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008965

FILED
Apr 19, 2007
Secretary of State

Entity Name: DYRICON HEALTHCARE CORPORATION

Current Principal Place of Business:

12225 NW 30 MANOR
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12225 NW 30 MANOR
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 14-1915295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENIOLA, RICHARD
12225 NW 30 MANOR
SUNRISE, FL 33323 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: DP () Delete
Name: TENIOLA, RICHARD
Address: 12225 NW 30 MANOR
City-St-Zip: SUNRISE, FL 33323

Title: DT () Delete
Name: AKINDURO, DENNIS
Address: 5851 NW 16 PL #307
City-St-Zip: SUNRISE, FL 33323

Title: DS () Delete
Name: TENIOLA, CHRISTINE
Address: 12225 NW 30 MANOR
City-St-Zip: SUNRISE, FL 33323

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD TENIOLA

DP

04/19/2007

Electronic Signature of Signing Officer or Director

Date