

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011640

FILED
Apr 29, 2008
Secretary of State

Entity Name: WORLD FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

14748 SW 56 ST
SUITE #151
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

14748 SW 56 ST
SUITE # 151
MIAMI, FL 33185

New Mailing Address:

FEI Number: 20-2328592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVELO, DAMARY
14748 SW 56 ST
SUITE # 151
MIAMI, FL 33185 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 () Delete
Name: RAVELO, DAMARY
Address: 14748 SW 56 ST SUITE # 151
City-St-Zip: MIAMI, FL 33185

Title: VC () Delete
Name: PELAEZ, ROBERTO
Address: 14748 SW 56 ST SUITE # 151
City-St-Zip: MIAMI, FL 33185

Title: T () Delete
Name: DEL CARMEN AZOY, MARIA
Address: 14748 SW 56 ST SUITE # 151
City-St-Zip: MIAMI, FL 33185

Title: S () Delete
Name: RICARDO, NORBERTO
Address: 14748 SW 56 ST SUITE # 151
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: RODRIGUEZ, LEIDY
Address: 14748 SW 56 ST SUITE # 151
City-St-Zip: MIAMI, FL 33185

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 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: DAMARY RAVELO

C

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date