

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007868

Entity Name: N.G.O. HEALTHCARE CORP

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2165 ALWORTH TER
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2165 ALWORTH TER
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-3242318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANG, NINA
514A N. STATE ROAD 7
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

NGO, TUONG AI
575 EDGEBROOK LN
WEST PALM BEACH, FL 33411 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: TUONGAINGO

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NGO, TUONG AI
Address: 575 EDGEBROOK LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: NGO, MELISSA T
Address: 2165 ALWORTH TER
City-St-Zip: WELLINGTON, FL 33414

Title: S/T () Delete
Name: NGO, HOA D
Address: 2165 ALWORTH TER
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: NGO, VU D
Address: 2539 SAWYER TER
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: NGUYEN, ANHHUY
Address: 575 EDGEBROOK LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: NGO, DANG D
Address: 2165 ALWORTH TER
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: NGO, HOA D
Address: 2165 ALWORTH TER
City-St-Zip: WELLINGTON, FL 33414

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

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

Title: TRS (X) Change () Addition
Name: NGO, THUY-DUONG N
Address: 2165 ALWORTH TER
City-St-Zip: WELLINGTON, FL 33414

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: TUONGAINGO

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date