2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90052 004 ***150.00

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1. Entity Name
RAPHA HEALTH, INC.

Principal Place of Business	Mailing Address
901 BRICKELL KEY DRIVE #3807 MIAMI, FL 33131	901 BRICKELL KEY DRIVE #3807 MIAMI, FL 33131

01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
767 S. STATE RD 7		901 BRICKELL KEY BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3807	
City & State PLANTATION, FL		City & State MIAMI, FL	
Zip 33317	Country USA BROWARD	Zip 33131	Country USA MIAMI-DADE

4. FEI Number 51-0444428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALLINGER, STEVEN R ESQ. WESTON TOWN CENTER 1792 BELL TOWER LANE WESTON, FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ENRIQUEZ, CRISTINO M.D. 901 BRICKELL KEY DRIVE #3807 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 BRICKELL KEY BLVD # 3807	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Enriquez CRISTINO ENRIQUEZ 1/15/08 954-583-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #