2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 004 ***150.00

DOCUMENT # P02000019047

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

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

01162008 Chg-P CR2E034 (12/06)

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

BALLINGER, STEVEN R ESQ.
WESTON TOWN CENTER
1792 BELL TOWER LANE
WESTON, FL 33326

7. Name and Address of New Registered Agent

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
PSTD ENRIQUEZ, CRISTINO M.D. 901 BRICKELL KEY DRIVE #3807 MIAMI, FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
901 BRICKELL KEY BLVD # 3807	☑ Change

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 #