

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000026032

**FILED**  
**Jan 20, 2008**  
**Secretary of State**

**Entity Name:** CARENATIONAL HEALTH SYSTEM, INC.

**Current Principal Place of Business:**

12255 LAKE LOOP ROAD  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551655  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 01-0775876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PEREZ, CARLOS  
3470 RIDGELAND ROAD  
DAVIE, FL 33328 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** PEREZ, CARLOS  
**Address:** 3470 RIDGELAND ROAD  
**City-St-Zip:** DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CARLOS PEREZ

PR

01/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date