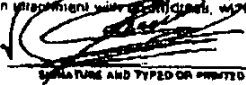


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/23/2008-90003-028-\$150.00-\$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 14 AM 10:46

DOCUMENT # P02000083520			
1. Entity Name INSYHCA CORPORATION			
Principal Place of Business 6073 NW 187TH ST STE C20 MIAMI FL 33015		Mailing Address 782 NW LE JEUNE RD SUITE 629 MIAMI FL 33126-5547	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0721058		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANARTA, FERNANDO 18941 SW 33 CT MIRAMAR FL 33029-5839		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 _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D ☐ Delete SANTAMARTA, FERNANDO 18941 SW 33 COURT MIRAMAR FL 33029-5839	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete HARRIS, CELINDA 18941 SW 33 COURT MIRAMAR FL 33029-5839	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 on this filing does not qualify for the exemptions contained in Section 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 recipient of trustee powers; or that I am authorized 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 this filing, with all other like empowerers.		B 7/14/08	
SIGNATURE: 		04/30/08 305-819-9235	

per conversation with representative mail notice before
MAY 1, 2008 deadline.