

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111839

FILED
Feb 10, 2009
Secretary of State

Entity Name: SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.

Current Principal Place of Business:

4960 SW 72 AVENUE
209
MIAMI, FL 33155

New Principal Place of Business:

4960 SW 72 AVENUE
308
MIAMI, FL 33155

Current Mailing Address:

4960 SW 72 AVENUE
209
MIAMI, FL 33155

New Mailing Address:

4960 SW 72 AVENUE
308
MIAMI, FL 33155

FEI Number: 57-1136359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OFELIA, ALVAREZ
4960 SW 72ND AVENUE
209
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

OFELIA, ALVAREZ
4960 SW 72ND AVENUE
308
MIAMI, FL 33155 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: _____

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMAS, JOSE
Address: 4960 SW 72ND AVENUE
City-St-Zip: MIAMI, FL 33155

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: OFELIA ALVAREZ

MGR

02/10/2009

Electronic Signature of Signing Officer or Director

Date