2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000004779

Entity Name: FLORIDA HEALTHCARE NETWORK, INC.

Current Principal Place of Business:

7805 SW 24 STREET
125
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

9135 SW 87 AVENUE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 04-3735927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREDA, ALEX
9135 SW 87AVE
MIAMI, FL 33176 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: DPV ( ) Delete
Name: PEREDA, ALEX
Address: 9135 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: ST ( ) Delete
Name: PEREDA, ALEX
Address: 9135 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEX PEREDA DPV 04/15/2009

Electronic Signature of Signing Officer or Director Date