

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067398

FILED
Jan 05, 2007
Secretary of State

Entity Name: REPUTABLE HEALTH CARE, INC.

Current Principal Place of Business:

5400 S. UNIVERSITY DRIVE
SUITE 206A
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5400 S. UNIVERSITY DRIVE
SUITE 206A
DAVIE, FL 33328

New Mailing Address:

FEI Number: 56-2462944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCE, JOAN
16560 S POST RD
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SPENCE, SHAWN
1623 ZENITH WAY
WESTON, FL 33327 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: SHAWN SPENCE

01/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTC () Delete
Name: SPENCE, JOAN
Address: 16560 S. POST RD, APT 104
City-St-Zip: WESTON, FL 33331

Title: BS () Delete
Name: SPENCE, JOAN
Address: 16560 S POST RD., APT 104
City-St-Zip: WESTON, FL 33331

Title: DV () Delete
Name: THOMAS, PAMELA RN
Address: 8605 NW 192ND TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: ADON (X) Delete
Name: MCBEAN MORRIS, PAULINE
Address: 6830 SW 36TH STREET
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTC (X) Change () Addition
Name: SPENCE, SHAWN T
Address: 1623 ZENITH WAY
City-St-Zip: WESTON, FL 33327

Title: BS (X) Change () Addition
Name: SPENCE, SHAWN
Address: 1623 ZENITH WAY
City-St-Zip: WESTON, FL 33327

Title: BS (X) Change () Addition
Name: SHAWN SPENCE,
Address: 1623 ZENITH WAY
City-St-Zip: WESTON, FL 33327

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN SPENCE

PTC

01/05/2007

Electronic Signature of Signing Officer or Director

Date