

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000067398

FILED
Jul 02, 2009
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 P
16560 S. POST ROAD
#104
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SPENCE, JOAN P
1453 MARTINIQUE COURT
6412
WESTON, FL 33326 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:

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTC (X) Change () Addition
Name: SPENCE, JOAN P
Address: 1453 MARTINIQUE COURT
City-St-Zip: WESTON, FL 33326

Title: BS (X) Change () Addition
Name: SPENCE, JOAN P
Address: 1453 MARTINIQUE COURT UNIT 6412
City-St-Zip: WESTON, FL 33326

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: JOAN P SPENCE

PTC

07/02/2009

Electronic Signature of Signing Officer or Director

Date