2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103023

Name:

Address:

City-St-Zip:

FILED Apr 09, 2008 Secretary of State

Entity Name: ST. CATHERINE'S HEALTH SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
15271 NW 60 AVE. #202 MIAMI LAKES, FL 33014				15271 NW 60 AVE. #202 MIAMI LAKES, FL 33014		
Current Mailing Address:				New Mailing Address:		
15271 NW 60 AVE. #202 MIAMI LAKES, FL 33014				15271 NW 60 AVE. #202 MIAMI LAKES, FL 33014		
FEI Number:	20-1305202	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FERNANDEZ-WHITT, MADELEIN 7211 BAMBOO ST. MIAMI LAKES, FL 33014 US				GARCIA, NATACHA 15271 NW 60 AVE. 202 MIAMI LAKES, FL 33014 US		
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose o	f changing it	s registered	d office or registered agent, or both,
SIGNATURE: NATACHA GARCIA				04/09/2008		
Electronic Signature of Registered Agent				Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PVST () FERNANDEZ-WI 7211 BAMBOO S MIAMI LAKES, F	ST.		Title: Name: Address: City-St-Zip:	FERNANDEZ 15271 NW 6	(X) Change()Addition Z-WHITT, MADELEIN 0 AVENUE #202 S, FL 33014 US
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	GARCIA, NA 15271 NW 6	() Change (X) Addition TACHA 0 AVENUE #202 S, FL 33014 US
Title:	()	Delete		Title:	D	() Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SUAREZ, ELIZABETH

15271 NW 60 AVENUE #202

MIAMI LAKES, FL 33014 US

SIGNATURE: MADELEIN FERNANDEZ-WHITT Ρ 04/09/2008