

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103023

FILED
Jan 26, 2009
Secretary of State

Entity Name: ST. CATHERINE'S HEALTH SERVICES, INC.

Current Principal Place of Business:

15271 NW 60 AVE.
#202
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15271 NW 60 AVE.
#202
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-1305202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, NATACHA
15271 NW 60 AVE.
202
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

GARCIA, NATACHA
15271 NW 60 AVE.
202
MIAMI LAKES, FL 33014 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: NATACHA GARCIA

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FERNANDEZ-WHITT, MADELEIN
Address: 15271 NW 60 AVENUE #202
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: V/D () Delete
Name: GARCIA, NATACHA
Address: 15271 NW 60 AVENUE #202
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: D () Delete
Name: SUAREZ, ELIZABETH
Address: 15271 NW 60 AVENUE #202
City-St-Zip: MIAMI LAKES, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MADELEIN FERNANDEZ-WHITT

P/D

01/26/2009

Electronic Signature of Signing Officer or Director

Date