

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000103023

**FILED**  
**Apr 09, 2012**  
**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:**

2684 SW 137 AVE  
MIAMI, FL 33175

**Current Mailing Address:**

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

**New Mailing Address:**

2684 SW 137 AVE  
MIAMI, FL 33175

**FEI Number:** 20-1305202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CABRERIZA, CARLOS  
2684 SW 137 AVE  
MIAMI, FL 33175 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:** CARLOS CABREIZA

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CABRERIZA, CARLOS J  
**Address:** 2684 SW 137 AVE  
**City-St-Zip:** MIAMI, FL 33175 MD

I hereby 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 all other like empowered.

**SIGNATURE:** CARLOS CABRERIZA

P

04/09/2012

Electronic Signature of Signing Officer or Director

Date