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Jun 18, 2007 8:00 am
Secretary of State
05-18-2007 90208 001 ***300.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000123518

1. Entity Name
HOSANNA EDUCATIONAL HEALTH CENTER, INC.

Principal Place of Business
160 NW 176TH STREET
SUITE 202
MIAMI, FL 33169 US

Mailing Address
14855 SW 39 CT
MIRAMAR, FL 33027 US

66019328

05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1103844
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUGUSTIN, JACKSON
9491 PALM CIRCLE SOUTH
# 208
PEMBROKE PINES,, FL 33027

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 6-01-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $550.00**
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | AUGUSTIN, JACKSON |
| STREET ADDRESS | 9491 PALM CIRCLE SOUTH APT. 208 |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 |
| TITLE | VP |
| NAME | MORIN, MARIE MAUD |
| STREET ADDRESS | 14855 SW 39 CT |
| CITY-ST-ZIP | MIRAMAR, FL 33027 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 6-01-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #