

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000137883

FILED
Nov 24, 2009
Secretary of State**Entity Name:** MEDENVIOS HEALTHCARE, INC.**Current Principal Place of Business:**7415 CORPORATE CENTER DR
BAY B
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**7415 CORPORATE CENTER DR
BAY B
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 06-1733361**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARCIA, MICHAEL
7415 CORPORATE CENTER DR #B
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**GARCIA, MICHAEL P
7415 CORPORATE CENTER DR
SUITE B
MIAMI, FL 33126 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: MICHAEL P. GARCIA

11/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GARCIA, MICHAEL
Address: 7415 CORPORATE CENTER DR. #B
City-St-Zip: MIAMI, FL 33126**Title:** VP (X) Delete
Name: GARCIA, ALEXANDER R
Address: 7415 CORPORATE CENTER DR. #B
City-St-Zip: MIAMI, FL 33126**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: MICHAEL P. GARCIA

PRES

11/24/2009

Electronic Signature of Signing Officer or Director

Date