


FILED
Jul 07, 2005 8:00 am
Secretary of State

06-22-2005 90139 001 ***550.00

06-22-2005 90139 002 ****35.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000141877			
1. Entity Name CONCERN CARING HEALTH, INC.			
Principal Place of Business 16115 SW 117 AVE 822 MIAMI, FL 33177		Mailing Address 16115 SW 117 AVE 822 MIAMI, FL 33177	
2. Principal Place of Business Same as above		3. Mailing Address Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent LEWIS, ANGELA 9803 SW 191 STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name: Dahlia Burscome Street Address (P.O. Box Number is Not Acceptable): 7610 West Wood Drive Unit 132 City: Tamarac FL Zip Code: 33321	
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: Dahlia Burscome (officer)		DATE: 6/16/05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5 00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEWIS, ANGELA 9803 SW 191 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dahlia Burscome 7610 West Wood Drive #132 Tamarac FL 33321 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 60, 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: Dahlia Burscome		DATE: 6/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66024302



06132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-3087323 Applied For Not Applicable

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

ATTACHMENT

660243021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Concave Caring Health INC
(Name of corporation)

DOCUMENT NUMBER: P0400014877

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dahia Bussome
(Name of contact person)

16115 SW 117 Avenue
(Firm/Company)

822 Miami
(Address)

Florida 33177
(City/state and zip code)

For further information concerning this matter, please call:

Dahia Bussome at (954) 675 7783
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ATTACHMENT

66024073

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATION:

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Concave Caring Health INC
2. The principal office address: 16115 SW 117 AVE #22 Miami FL
33177.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Oct. 13th 2004 Document number: PO4000141871

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lewis ANGELA
9803 SW 191 STREET
MIAMI FL 33157

6. The name and street address of the new registered agent (if change) and /or registered office (if changed):

DAHLIA BUNCOME
7610 WEST WOOD DRIVE TAMARAC #132.
(P.O. Box NOT acceptable)
FLORIDA 33321

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Dahlia Buncome
(Signature of an officer or director)

DAHLIA BUNCOME (Officer)
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Dahlia Buncome
(Signature of Registered Agent)

6/16/05.
(Date)

If signing on behalf of an entity:

DAHLIA BUNCOME
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6377, TALLAHASSEE, FL 32314