

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90014 004 \*\*\*150.00

DOCUMENT # P04000152342

1. Entity Name  
RADIANT CARE, INC.



Principal Place of Business

861 SW 8TH STREET  
MIAMI, FL 33130

Mailing Address

861 SW 8TH STREET  
MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**



07242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1820910

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLAS, SUSANA  
520 BRICKELL KEY DRIVE  
MIAMI, FL 33131

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ODOARDO, DENIO
STREET ADDRESS	520 BRICKELL KEY DRIVE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	P
NAME	MAHARAJ, OMAR D
STREET ADDRESS	2116 NW 76TH WAY
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	S
NAME	COLAS, SUSANA
STREET ADDRESS	520 BRICKELL KEY DRIVE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #