# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 12, 2009**
**Secretary of State**

DOCUMENT# P05000011188

**Entity Name:** ANICETO HEALTH CARE INC

**Current Principal Place of Business:**

9745 SUNSET DR S-116C
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9745 SUNSET DR S-116C
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number: 81-0662672** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ROOT, KATHLEEN H MS
14270 SW 68 ST.
MIAMI, FL 33183 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete
Name: ANICETO, MILAGROS F
Address: 15967 SW 112 PLACE
City-St-Zip: MIAMI, FL 33157 US

Title: VS ( ) Delete
Name: ROOT, KATHLEEN H
Address: 14270 SW 68 ST
City-St-Zip: MIAMI, FL 33183 US

**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: KATHLEEN ROOT VP 03/12/2009

Electronic Signature of Signing Officer or Director — Date