

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078531

FILED
Jan 05, 2007
Secretary of State

Entity Name: REDBRIDGE NETWORK & HEALTHCARE, INC.

Current Principal Place of Business:

15715 S DIXIE HWY SUITE 329
PALMETTO BAY, FL 33157

New Principal Place of Business:

2030 DOUGLAS ROAD
216
CORAL GABLES, FL 33134

Current Mailing Address:

15715 S DIXIE HWY SUITE 329
PALMETTO BAY, FL 33157

New Mailing Address:

2030 DOUGLAS ROAD
216
CORAL GABLES, FL 33134

FEI Number: 20-2924879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTUNONDO, FERNANDO J
2121 POMCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134 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: D () Delete
Name: CHINCHILLA, EUGENIO M
Address: 15715 S DIXIE HWY SUITE 329
City-St-Zip: PALMETTO BAY, FL 33157

Title: D () Delete
Name: RECIO, FRANCISCO C
Address: 15715 S DIXIE HWY SUITE 329
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHINCHILLA, EUGENIO M
Address: 2030 DOUGLAS ROAD, SUITE 216
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: RECIO, FRANCISCO C
Address: 2030 DOUGLAS ROAD, SUITE 216
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCISCO C RECIO

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date