

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078531

FILED
Jan 22, 2009
Secretary of State

Entity Name: REDBRIDGE NETWORK & HEALTHCARE, INC.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

355 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2924879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, XAVIER L
221 ARAGON AVENUE, SUITE 204
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: 2030 DOUGLAS ROAD, SUITE 216
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D () Delete
Name: SANTIAGO, EDMUND
Address: 2030 DOUGLAS ROAD, SUITE 216
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHINCHILLA, EUGENIO M
Address: 355 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: RECIO, FRANCISCO C
Address: 355 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: SANTIAGO, EDMUND
Address: 355 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

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: FRANCISCO RECIO

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date