

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103712

FILED
Jan 09, 2007
Secretary of State

Entity Name: ROJAS & CONCEPCION HEALTH CARE, INC.

Current Principal Place of Business:

14101 SW 66TH ST., APT. A4
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

14101 SW 66TH ST., APT. A4
MIAMI, FL 33183

New Mailing Address:

FEI Number: 20-3201308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONCEPCION, YERALDIN
14101 SW 66TH ST., APT. A4
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: PD () Delete
Name: CONCEPCION, YERALDIN
Address: 14101 SW 66TH ST., APT. A4
City-St-Zip: MIAMI, FL 33183

Title: VD () Delete
Name: ROJAS, MARCOS
Address: 14101 SW 66TH ST., APT. A4
City-St-Zip: MIAMI, FL 33183

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 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: YERALDIN CONCEPCION

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date