2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000104508

1. Entity Name
SILVIA'S PROFESSIONAL HEALTH CARE INC.

Principal Place of Business	Mailing Address
22752 SW 103 CT MIAMI, FL 33190	22752 SW 103 CT MIAMI, FL 33190

DO NOT WRITE IN THIS SPACE

07162008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3221603	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, SILVIA
22752 SW 103 CT
MIAMI, FL 33190

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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 12, 2008**	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	PD
NAME	PEREZ, SILVIA
STREET ADDRESS	22752 SW 103 CT.
CITY-ST-ZIP	MIAMI, FL 33190
TITLE	VD
NAME	ALVAREZ, JOSE H
STREET ADDRESS	22752 SW 103 CT.
CITY-ST-ZIP	MIAMI, FL 33190
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/24/08-80002-023 150.00

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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: __ Silvia Perez RN _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/08   305 310 7330

Date   Daytime Phone #