

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109661

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA HEALTH CENTER, INC.

## Current Principal Place of Business:

4455 W 10 LN, 23  
HIALEAH GARDENS, FL 33012 US

## New Principal Place of Business:

4455 W 10 LN  
23  
HIALEAH, FL 33012 US

## Current Mailing Address:

PO BOX 430746  
MIAMI, FL 33243 US

## New Mailing Address:

FEI Number: 14-1959386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, JEANETTE  
1470 W 40 ST  
#118  
MIAMI, FL 33012 US

## Name and Address of New Registered Agent:

DIAZ, JEANETTE  
4455 W 10 LN  
#23  
MIAMI, FL 33012 US

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

04/27/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIAZ, JEANETTE  
Address: PO BOX 430746  
City-St-Zip: MIAMI, FL 33243 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JEANETTE DIAZ

Electronic Signature of Signing Officer or Director

P

04/27/2009

Date