2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000142887

Entity Name: MEDICAL HEALTH OF FLORIDA INC

FILED Nov 12, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

8774 SW 8 ST MIAMI, FL 33174

Current Mailing Address: New Mailing Address:

8774 SW 8 ST MIAMI, FL 33174

FEI Number: 20-3664598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARRERO, DIVA C
10720 NW 7 ST
8A
MIAMI, FL 33172 US
PEREZ-FRANCO, GILBERTO M
11081 NW 7 ST
UNIT 202
MIAMI, FL 33172 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: GILBERTO M. PEREZ-FRANCO 11/12/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 MARRERO, DIVA C
 Name:

 Address:
 10720 NW 7 ST APT. 8A
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 MARTIN, CARLOS
 Name:

 Address:
 1421 SW 124 CT., UNIT B
 Address:

 City-St-Zip:
 MIAMI, FL 33184
 City-St-Zip:

 Title:
 SD () Delete
 Title:
 PSD (X) Change () Addition

 Name:
 PEREZ-FRANCO, GILBERTO M
 Name:
 PEREZ-FRANCO, GILBERTO M

 Address:
 11081 NW 7 ST., UNIT 202
 Address:
 11081 NW 7 ST., UNIT 202

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172

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: GILBERTO M. PEREZ-FRANCO PSD 11/12/2008