2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2007
Secretary of State

DOCUMENT# P05000151051

Entity Name: AMERICA HEALTH CARE INC

Current Principal Place of Business:

5590 WEST 20TH AVE
303
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

5590 WEST 20TH AVE
303
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 20-3792730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEDRE, CARLOS E
1480 WEST 46TH STREET
118
HIALEAH, FL 33012 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEDRE, CARLOS E P
Address: 1480 WEST 46TH STREET #118
City-St-Zip: HIALEAH, FL 33012 US

Title: O (X) Delete
Name: DE LA VEGA, IRMA M O
Address: 361 SW 55 AVENUE RD
City-St-Zip: CORAL GABLE, FL 33134 US

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 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: CARLOS E. PEDRE P 08/03/2007

Electronic Signature of Signing Officer or Director Date