2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027169

Entity Name: HOLISTIC NURSING CARE AGENCY INC

2715 SW 137TH PLACE

MIAMI, FL 33175

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7400 NW 7TH ST., SUITE 201 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 7400 NW 7TH ST., SUITE 201 MIAMI, FL 33126 FEI Number: 20-4385113 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: LABRADA, LAIZA B 15675 SW 9TH LANE MIAMI, FL 33194 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LABRADA, LAIZA B Name: Name: 15675 SW 9TH LANE Address: Address: City-St-Zip: MIAMI, FL 33194 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: PEREZ, MARIA 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: LAIZA B LABRADA PD 04/28/2008