2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P06000027169

Entity Name: HOLISTIC NURSING CARE AGENCY INC

Current Principal Place of Business:

7400 NW 7 ST., SUITE 201
MIAMI, FL 33126

New Principal Place of Business:

7400 NW 7 STREET, SUITE 201
MIAMI, FL 33126

Current Mailing Address:

7400 NW 7 ST., SUITE 201
MIAMI, FL 33126

New Mailing Address:

7400 NW 7 STREET, 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:

LABRADA, LAIZA B
15675 SW 9TH LANE
MIAMI, FL 33194 US

Name and Address of New Registered Agent:

MENDEZ, LAIZA B
15675 SW 9TH LANE
MIAMI, FL 33194 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: LAIZA B MENDEZ 04/25/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MENDEZ, LAIZA B
Address: 15675 SW 9TH LANE
City-St-Zip: MIAMI, FL 33194

Title: SD
Name: PEREZ, MARIA
Address: 2715 SW 137TH PLACE
City-St-Zip: MIAMI, FL 33175

I hereby 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 all other like empowered.

SIGNATURE: LAIZA B MENDEZ PD 04/25/2011
Electronic Signature of Signing Officer or Director Date