

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000072011

FILED
Sep 25, 2009
Secretary of State

Entity Name: PENTACARE HEALTH NETWORK CORP

Current Principal Place of Business:

7105 SW 8TH STREET
SUITE 303
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7105 SW 8TH STREET
SUITE 303
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-4916178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, ANDRES
13934 SW 164TH TERRACE
MIAMI, FL 33177 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: MCDONALD, ANDRES
Address: 13934 SW 164TH TERRACE
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: PAEZ, HUMBERTO L
Address: 12433 SW 10 STREET
City-St-Zip: MIAMI, FL 33184

Title: T () Delete
Name: RODRIGUEZ, RAFAEL M
Address: 1028 SW 66 AVE APT 1
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: GARCIA, AUGUSTO
Address: 3820 SW 87 PLACE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OLLIVIERRE, MICHELLE
Address: 973 NE 30TH AVENUE
City-St-Zip: HOMESTEAD, FL 33033

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: ANDRES MCDONALD

P

09/25/2009

Electronic Signature of Signing Officer or Director

Date