
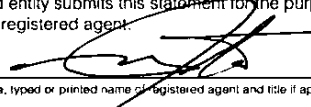
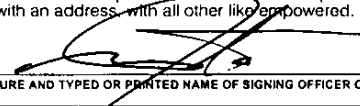


2007 FOR PROFIT CORPORATION ANNUAL REPORT

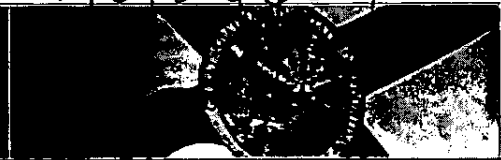
FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90041 027 ***150.00

DOCUMENT # P06000086478 1. Entity Name TRANSITIONS HEALTH CARE SERVICES, INC.					
Principal Place of Business 4600 SW 67TH AVE #153 MIAMI, FL 33155			Mailing Address 4600 SW 67TH AVE #153 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 3400 Coral Way		3. Mailing Address 3400 Coral Way			
Suite, Apt. #, etc. Ste. 301		Suite, Apt. #, etc. Ste. 301			
City & State miami, FL		City & State miami, FL			
Zip 33145		Country USA		4. FEI Number 57-1238487	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RETA, MARCOS II 4600 SW 67TH AVE #153 MIAMI, FL 33155			7. Name and Address of New Registered Agent Name RETA, MARCOS II Street Address (P.O. Box Number is Not Acceptable) 3400 Coral Way Suite # 301 City miami FL Zip Code 33145		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  MARCOS RETA II, PVTSDCM 7/17/7. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RETA, MARCOS II 4600 SW 67TH AVE #153 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSDCM RETA, MARCOS II 3400 CORAL WAY SUITE # 301 MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			7/17/7. 786-218-3047		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40126624

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)**2007 Annual Report**

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**** This information cannot be changed on the report. ****

Document Number P06000086478

Business Entity Name TRANSITIONS HEALTH CARE SERVICES, INC.

Original File Date 06/26/2006

FEI Number

Principal Address 4600 SW 67TH AVE #153
MIAMI, FL 33155

Mailing Address 4600 SW 67TH AVE #153
MIAMI, FL 33155

Registered Agent II MARCOS RETA
4600 SW 67TH AVE #153
MIAMI, FL 33155

Officer/Director Name And Address

DP
II MARCOS RETA
4600 SW 67TH AVE #153
MIAMI, FL 33155

- ☒ **After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

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