

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097459

Entity Name: MIDRA HEALTHCARE, CORP.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

5209 EAGLE CAY MANOR  
COCONUT CREEK, FL 33073 US

## New Principal Place of Business:

## Current Mailing Address:

6574 N. STATE ROAD 7  
312  
COCONUT CREEK, FL 33073 US

## New Mailing Address:

FEI Number: 20-5257734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIRJU, MARCUS  
6574 N. STATE ROAD 7  
312  
COCONUT CREEK, FL 33073 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BIRJU, DAVID  
Address: 6574 N. STATE ROAD 7, SUITE 312  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: COO ( ) Delete  
Name: BIRJU, ATHMA  
Address: 6574 N. STATE ROAD 7, SUITE 312  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: P ( ) Delete  
Name: BIRJU, MARCUS  
Address: 6574 N. STATE ROAD 7, SUITE 312  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VP ( ) Delete  
Name: BIRJU, INDRA  
Address: 6574 N. STATE ROAD 7, SUITE 312  
City-St-Zip: COCONUT CREEK, FL 33073 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ATHMA BIRJU

COO

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date