2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# P06000098479

Entity Name: N.D. HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

1490 WEST 49TH PLACE
SUITE 315
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 WEST 49TH PLACE
SUITE 315
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-5294375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRIAL, NORMA
1379 WEST 69TH ST.
HIALEAH, FL 33014 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: DP ( ) Delete
Name: BARRIAL, NORMA
Address: 1379 WEST 69TH ST.
City-St-Zip: HIALEAH, FL 33014

Title: VPD ( ) Delete
Name: LOSADA, DARLENE
Address: 1379 WEST 69TH ST.
City-St-Zip: HIALEAH, FL 33014

Title: VPD ( ) Delete
Name: TORRES, LAZARO
Address: 4970 NW 179TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: LOSADA, DARLENE
Address: 520 EAST 57 STREET
City-St-Zip: HIALEAH, FL 33013

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: LAZARO TORRES VPD 03/26/2008

Electronic Signature of Signing Officer or Director Date