

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098479

FILED  
Apr 10, 2009  
Secretary of State

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: 520 EAST 57 STREET  
City-St-Zip: HIALEAH, FL 33013

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: ( ) 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: LAZARO TORRES

VPD

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date