

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112289

Entity Name: RAY HEALTH CARE CORP.

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

995 SW 84TH AVE., #224
MIAMI, FL 33144

New Principal Place of Business:

995 SW 84TH AVENUE
224
MIAMI, FL 33144

Current Mailing Address:

995 SW 84TH AVE., #224
MIAMI, FL 33144

New Mailing Address:

995 SW 84TH AVENUE
224
MIAMI, FL 33144

FEI Number: 22-3942062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, ARAYS
995 SW 84TH AVE., #224
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

PADRON, ARAYS
995 SW 84TH AVENUE
224
MIAMI, FL 33144 US

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: ARAYS PADRON

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PADRON, ARAYS
Address: 995 SW 84TH AVE., #224
City-St-Zip: MIAMI, FL 33144

Title: VD () Delete
Name: HERRERA, JUAN J
Address: 995 SW 84TH AVE., #224
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PADRON, ARAYS
Address: 995 SW 84TH AVE., #224
City-St-Zip: MIAMI, FL 33144

Title: VSD (X) Change () Addition
Name: HERRERA, JUAN J
Address: 995 SW 84TH AVE., #224
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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: ARAYS PADRON

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03/14/2007

Electronic Signature of Signing Officer or Director

Date