

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000113973

Entity Name: MJSJ HEALTHCARE INC.

**FILED**  
**May 16, 2008**  
**Secretary of State****Current Principal Place of Business:**11170 SW 63 RD TR  
MIAMI, FL 33173**New Principal Place of Business:****Current Mailing Address:**11170 SW 63 RD TR  
MIAMI, FL 33173**New Mailing Address:**

FEI Number: 86-1174117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**ROSARIO, MARTA E  
11170 SW 63RD TR  
MIAMI, FL 33173 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

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: ROSARIO, MARTA E  
Address: 11170 SW 63RD TR  
City-St-Zip: MIAMI, FL 33173Title: VP (X) Delete  
Name: VASQUEZ, JESSICA M  
Address: 11170 SW 63RD TR  
City-St-Zip: MIAMI, FL 33173Title: SEC (X) Delete  
Name: VASQUEZ, STEPHANIE Y  
Address: 11170 SW 63RD TR  
City-St-Zip: MIAMI, FL 33173Title: TRE (X) Delete  
Name: VASQUEZ, JOSE J JR  
Address: 11170 SW 63RD TR  
City-St-Zip: MIAMI, FL 33173**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: MARTA ROSARIO

P

05/16/2008

Electronic Signature of Signing Officer or Director

Date