

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152108

Entity Name: MUTUAL HEALTHCARE, INC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

151 N. NOB HILL ROAD
#136
FORT LAUDERDALE, FL 33324

Current Mailing Address:

151 N. NOB HILL ROAD
#136
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

12555 ORANGE DRIVE
4020
DAVIE, FL 33330

New Mailing Address:

12555 ORANGE DRIVE
4020
DAVIE, FL 33330

FEI Number: 20-8053217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLINGHAM, MAGNOLIA
151 N. NOB HILL ROAD
#136
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

WILLINGHAM, MAGNOLIA
12555 ORANGE DRIVE
4020
DAVIE, FL 33330 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:

03/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLINGHAM, MAGNOLIA P
Address: 151 N. NOB HILL ROAD, #136
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLINGHAM, MAGNOLIA
Address: 12555 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33330

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: MAGNOLIA WILLINGHAM

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

Date