

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028089

Entity Name: ONE LIFE HEALTH CARE, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2550 NW 72 AVENUE
SUITE 109
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2550 NW 72 AVENUE
SUITE 109
MIAMI, FL 33122

New Mailing Address:

FEI Number: 14-1991200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABINA, MAYLEIDYS
2550 NW 72 AVENUE
SUITE 109
MIAMI, FL 33122 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: P () Delete
Name: SABINA, MAYLEIDYS
Address: 2550 NW 72 AVENUE #109
City-St-Zip: MIAMI, FL 33122

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: SABINA, AL
Address: 2550 NW 72 AVENUE #109
City-St-Zip: MIAMI, FL 33122

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: MAYLEIDYS SABINA

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date