

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032033

FILED
Apr 28, 2009
Secretary of State

Entity Name: MONICA HEALTH CARE INC.

Current Principal Place of Business:

451 WEST 43 PALCE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

451 WEST 43 PALCE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8630535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAMILIA, MONICA
451 WEST 43 PALCE
HIALEAH, FL 33012 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: FAMILIA, MONICA
Address: 451 WEST 43 PALCE
City-St-Zip: HIALEAH, FL 33012

Title: DV () Delete
Name: MEDINA, ELIO L
Address: 451 WEST 43 PALCE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MONICA A FAMILIA

MRS

04/28/2009

Electronic Signature of Signing Officer or Director

Date