

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036916

Entity Name: CRISHEALTH CARE CORP

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

5470 NW 107 AVE #816
MIAMI, FL 33178

New Principal Place of Business:

3830 NW 183 TH STREET
MIAMI GARDENS, FL 33055

Current Mailing Address:

5470 NW 107 AVE #816
MIAMI, FL 33178

New Mailing Address:

P. O. BOX 942076
MIAMI, FL 33194

FEI Number: 20-8559080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENELOPE, ZAITER P
5470 NW 107 AVE
816
MIAMI, FLORIDA, FL 33178 US

Name and Address of New Registered Agent:

PENELOPE, ZAITER A
3830 NW 183TH STREET
SUITE #108
MIAMI GARDENS, FL 33178 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: PENELOPE ZAITER

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAITER, PENELOPE A
Address: 5470 NW 107 AVE #816
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZAITER, PENELOPE A
Address: 3830 NW 183TH STREET SUITE 108
City-St-Zip: MIAMI, FL 33055

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: PENELOPE ZAITER

MS

04/02/2009

Electronic Signature of Signing Officer or Director

Date