2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# P07000042602

Entity Name: EXPERT FAMILY HEALTH CARE PROVIDERS, INC.

Current Principal Place of Business:

7801 S.W. 24 STREET, SUITE 101
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7801 S.W. 24 STREET, SUITE 101
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 20-8788035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERDOMO, ZULEICA M
13601 SW 80 ST
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

PERDOMO, ZULEICA/YANELI
7801 SW 24 ST
SUITE 101
MIAMI, FL 33155 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: ZULEICA / YANELIZ PERDOMO 07/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PERDOMO, ZULEICA M
Address: 7360 SW 24 ST SUIT 31
City-St-Zip: MIAMI, FL 33155 US

Title: VP ( ) Delete
Name: PERDOMO, YANELIZ
Address: 7360 SW 24 ST SUIT 31
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PERDOMO, ZULEICA P
Address: 7360 SW 24 ST SUIT 31
City-St-Zip: MIAMI, FL 33155 US

Title: VP (X) Change ( ) Addition
Name: PERDOMO, YANELIZ VP
Address: 13601 SW 80 ST
City-St-Zip: MIAMI, FL 33183 US

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: YANELIZ PERDOMO VP 07/15/2008
Electronic Signature of Signing Officer or Director Date