

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000055571

FILED
Jul 27, 2009
Secretary of State**Entity Name:** INSIGNIA HEALTH CARE INC**Current Principal Place of Business:**7925 NW 12TH STREET
SUITE#227
MIAMI, FL 33126 US**New Principal Place of Business:****Current Mailing Address:**7925 NW 12TH STREET
SUITE#227
MIAMI, FL 33126 US**New Mailing Address:****FEI Number:** 26-0144767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MOURE, GENOVEVA
5323 SW 127 COURT
MIAMI, FL 33175 US**Name and Address of New Registered Agent:**BLANCO, MERCEDES
7925 NW 12 ST
227
DORAL, FL 33126 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: MERCEDES BLANCO

07/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MOURE, GENOVEVA
Address: 5323 NW 127 COURT
City-St-Zip: MIAMI, FL 33175**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: BLANCO, MERCEDES
Address: 7925 NW 12 ST # 227
City-St-Zip: DORAL, FL 33126

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: MERCEDES BLANCO

P

07/27/2009

Electronic Signature of Signing Officer or Director

Date