

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058739

FILED
May 27, 2009
Secretary of State

Entity Name: THE PAQUIN HEALTHCARE COMPANIES, INC.

Current Principal Place of Business:

1134 CELEBRATION BLVD
CELEBRATION, FL 34747

New Principal Place of Business:

1142 CELEBRATION BLVD
CELEBRATION, FL 34747

Current Mailing Address:

1134 CELEBRATION BLVD
CELEBRATION, FL 34747

New Mailing Address:

1142 CELEBRATION BLVD
CELEBRATION, FL 34747

FEI Number: 26-0255855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
% CHARLES B. PEARLMAN
100 SE 3RD AVENUE, 8TH FLOOR
FORT LAUDERDALE, FL 33394 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

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: D () Delete
Name: PAQUIN, ANTHONY
Address: 1134 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: PAQUIN, GARY
Address: 1134 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: PAQUIN, ANTHONY
Address: 1142 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: MR (X) Change () Addition
Name: PAQUIN, GARY
Address: 1142 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

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: ANTHONY PAQUIN

CEO

05/27/2009

Electronic Signature of Signing Officer or Director

Date