2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P07000060463

Entity Name: REW HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

18031 S.W. 136 COURT
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

18031 S.W. 136 COURT
MIAMI, FL 33177

New Mailing Address:

FEI Number: 26-0262428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBKIN, JOSEPH M ESQ
9900 S.W. 77TH AVE PH-3
MIAMI, FL 33156 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: DPST ( ) Delete
Name: WHYTE, RONKY E
Address: 18031 S.W. 136 COURT
City-St-Zip: MIAMI, FL 33177

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPST ( ) Change (X) Addition
Name: WHYTE, RONKY E
Address: 18031 SW 136 COURT
City-St-Zip: MIAMI, FL 33177

Title: DPST ( ) Change (X) Addition
Name: WHYTE, RONKY E
Address: 18031 SW 136 COURT
City-St-Zip: MIAMI, FL 33177

Title: DPST ( ) Change (X) Addition
Name: WHYTE, RONKY E
Address: 18031 SW 136 COURT
City-St-Zip: MIAMI, FL 33177

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: RONKY WHYTE DPST 04/26/2009

Electronic Signature of Signing Officer or Director Date