

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000065042

1. Entity Name  
CARIBBEAN HEALTHCARE SERVICES, INC.



FILED

08 OCT 20 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2101 S.E. WATERCREST ST  
PORT ST LUCIE, FL 34984

Mailing Address  
2101 S.E. WATERCREST ST  
PORT ST LUCIE, FL 34984



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, CLAIRE  
9501 DOMINICAN DR  
MIAMI, FL 33189

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME PERSAUD, SURENDRA  
STREET ADDRESS 2101 S.E. WATERCREST ST  
CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE ☐ Change ☐ Addition  
NAME **000137174830**  
STREET ADDRESS **10/22/08--01042--012 \*\*150.00**  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME PERSAUD, SABITRI  
STREET ADDRESS 2101 S.E. WATERCREST ST  
CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sabitri Persaud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/08

Date

Daytime Phone #

10/10/21