

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073080

FILED
May 02, 2008
Secretary of State

Entity Name: CENTRO DE SALUD-HEALTH CENTER, INC.

Current Principal Place of Business:

1633 EAST VINE ST.
SUITE 213
KISSIMMEE, FL 34744

New Principal Place of Business:

600 N. THAKER AVE
D-44
KISSIMMEE, FL 34741

Current Mailing Address:

PO BOX 450062
KISSIMMEE, FL 347450062

New Mailing Address:

PO BOX 450062
KISSIMMEE, FL 34745

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCANO, MAYRA L MS.
1159 E. ALTAMONTE DRIVE,
SUITE 1107
KISSIMMEE, FL 32701 US

Name and Address of New Registered Agent:

MARCANO, MAYRA L MS.
600 N. THACKER AVE
D-44
KISSIMMEE, FL 34741 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: MAYRA L MARCANO

05/02/2008

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: RODRIGUEZ, JOMAYRA E MRS.
Address: 1159 E. ALTAMONTE SPRINGS, SUITE 1107
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SEC () Delete
Name: MARCANO, RAFAEL SR
Address: 970 TRAMELLS TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: TRES () Delete
Name: MARCANO, RAFAEL SR
Address: 970 TRAMELLS TRAIL
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARCANO, MAYRA L MRS.
Address: P.O BOX 450062
City-St-Zip: KISSIMMEE, FL 34745

Title: SEC (X) Change () Addition
Name: MARCANO, RAFAEL SR
Address: P.O. BOX 450062
City-St-Zip: KISSIMMEE, FL 34745

Title: TRES (X) Change () Addition
Name: MARCANO, RAFAEL SR
Address: P.O. BOX 450062
City-St-Zip: KISSIMMEE, FL 34745

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: MAYRA L MARCANO

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date