

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075753

FILED  
May 01, 2009  
Secretary of State

Entity Name: HENE'S HEALTH CARE AGENCY, INC.

## Current Principal Place of Business:

4440 SW ARCHER RD.  
#2105  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

7252 NW 4TH BLVD  
#331  
GAINESVILLE, 32607

## New Mailing Address:

7257 NW 4TH BLVD  
#331  
GAINESVILLE, FL 32607

FEI Number: 75-3246625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOENSNES, HENE  
4440 SW ARCHER RD.  
#2105  
GAINESVILLE, FL 32608 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: P ( ) Delete  
Name: BOENSNES, HENE  
Address: 4440 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP ( ) Delete  
Name: BOENSNES, EDWARD R  
Address: 4440 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete  
Name: BOENSNES, CORAZON  
Address: 4440 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: BOENSNES, EDWARD R  
Address: 4440 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOENSNES, HENE  
Address: 4440 SW ARCHER RD. #2105  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change ( ) Addition  
Name: BOENSNES, EDWARD R  
Address: 4440 SW ARCHER RD. #2105  
City-St-Zip: GAINESVILLE, FL 32608

Title: S (X) Change ( ) Addition  
Name: BOENSNES, CORAZON  
Address: 4440 SW ARCHER RD. #2105  
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Change ( ) Addition  
Name: BOENSNES, EDWARD R  
Address: 4440 SW ARCHER RD. #2105  
City-St-Zip: GAINESVILLE, FL 32608

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: HENE BOENSNES

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date