

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075753

FILED
Apr 29, 2011
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:

7257 NW 4TH BLVD
#331
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 75-3246625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HENE BOENSNES

CEO

04/29/2011

Electronic Signature of Signing Officer or Director

Date