

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100117

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEAVENSENT HEALTHCARE INC.

Current Principal Place of Business:

10191 W. SAMPLE ROAD
SUITE 207
CORAL SPRINGS, FL 33065

Current Mailing Address:

P. O. BOX 772277
CORAL SPRINGS, FL 33077

New Principal Place of Business:

10191 W. SAMPLE ROAD
SUITE 217
CORAL SPRINGS, FL 33065

New Mailing Address:

10191 W. SAMPLE ROAD
SUITE 217
CORAL SPRINGS, FL 33065

FEI Number: 26-0859918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAMELA D
7448 PARKSIDE LANE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

SMITH, PAMELA D LPN
7448 PARKSIDE LANE
MARGATE, FL 33063 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: PAMELA SMITH, LPN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, PAMELA D LPN
Address: 7448 PARKSIDE LANE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAMELA SMITH, LPN

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04/30/2009

Electronic Signature of Signing Officer or Director

Date