2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P07000121677

Entity Name: ASSOCIATED HEALTH CARE, CORP.

Current Principal Place of Business:

2441 NW 93 AVENUE #109
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2441 NW 93 AVENUE #109
DORAL, FL 33172

New Mailing Address:

FEI Number: 75-3261853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEDRIANES, PEDRO
2441 NW 93 AVENUE #109
DORAL, FL 33172 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Change (X) Addition
Name: PORTELA, MERCEDES M
Address: 2441 NW 93 AVE , STE #109
City-St-Zip: DORAL, FL 33172

Title: S/D ( ) Change (X) Addition
Name: PEDRIANES, PEDRO
Address: 2441 NW 93 AVE, STE #109
City-St-Zip: DORAL, FL 33172

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: PEDRO PEDRIANES SECR 01/21/2008

Electronic Signature of Signing Officer or Director Date