

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002299

Entity Name: FRIENDS HEALTH CARE, INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

13910 SW 111TH STREET
MIAMI, FL 33186

New Principal Place of Business:

6955 NW 77TH AVE
206
MIAMI, FL 33166

Current Mailing Address:

13910 SW 111TH STREET
MIAMI, FL 33186

New Mailing Address:

6955 NW 77TH AVE
206
MIAMI, FL 33166

FEI Number: 26-1705203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORCIEGO, LUISA Y
13910 SW 111TH STREET
MIAMI, FL 33186 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: MORCIEGO, LUISA Y
Address: 13910 SW 111TH STREET
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: TRULL, LYDIA M
Address: 11900 SW 35 STREET
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: AVERHOFF, CARLOS M
Address: 2452 SW 18 STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LYDIA TRULL

VP

05/05/2009

Electronic Signature of Signing Officer or Director

Date