2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P08000011108

Entity Name: INNOCARE HEALTH CORPORATION

Current Principal Place of Business:

10620 GRIFFIN ROAD
SUITE 202
FORT LAUDERDALE, FL 33328

New Principal Place of Business:

4606 N. HIATUS ROAD
SUNRISE, FL 33351

Current Mailing Address:

10620 GRIFFIN ROAD
SUITE 202
FORT LAUDERDALE, FL 33328

New Mailing Address:

4606 N. HIATUS ROAD
SUNRISE, FL 33351

FEI Number: 26-1858707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNIFER D. WESTERLUND, P.A.
10620 GRIFFIN ROAD
SUITE 202
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

JENNIFER, WESTERLUND
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33321 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: JENNIFER WESTERLUND 05/01/2009
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: WESTERLUND, SIGURD
Address: 3326 JUNIPER LANE
City-St-Zip: DAVIE, FL 33330

Title: S ( ) Delete
Name: WESTERLUND, JENNIFER D
Address: 3326 JUNIPER LANE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JENNIFER WESTERLUND S 05/01/2009
Electronic Signature of Signing Officer or Director Date