

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053612

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** EVELIN HEALTH CARE CO.

**Current Principal Place of Business:**

318 NE 51 ST  
UNIT #4  
MIAMI, FL 33137

**New Principal Place of Business:**

5725 NW 2ND AVE  
UNIT 1002  
MIAMI, FL 33127

**Current Mailing Address:**

318 NE 51 ST  
UNIT #4  
MIAMI, FL 33137

**New Mailing Address:**

5725 NW 2ND AVE  
UNIT 1002  
MIAMI, FL 33127

**FEI Number:** 26-2804832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MENDEZ, EVELIN  
318 NE 51 ST  
UNIT #4  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

MENDEZ, EVELIN  
7855 NE 2ND AVE  
UNIT #204  
MIAMI, FL 33138 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:

02/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, EVELIN  
Address: 7855 NE 2ND AVE APT. 204  
City-St-Zip: MIAMI, FL 33138

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: EVELIN MENDEZ

MS.

02/15/2012

Electronic Signature of Signing Officer or Director

Date