

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060230

Entity Name: PALM HEALTH AGENCY, INC.

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

2911 SOUTH CONGRESS AVENUE  
LAKE WORTH, FL 33461

## New Principal Place of Business:

2911 SOUTH CONGRESS AVENUE  
103  
LAKE WORTH, FL 33461

## Current Mailing Address:

1765 WEST 41ST STREET  
2C  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 26-2883857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SATORRE, MAYULI  
2911 SOUTH CONGRESS AVENUE  
LAKE WORTH, FL 33461      US

## Name and Address of New Registered Agent:

SATORRE, MAYULI C  
2911 SOUTH CONGRESS AVENUE  
103  
LAKE WORTH, FL 33461      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: MAYULI C SATORRE

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEON, ANA  
Address: 2911 SOUTH CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD ( ) Delete  
Name: SATORRE, MAYULI  
Address: 2911 SOUTH CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEON, ANA  
Address: 2911 SOUTH CONGRESS AVENUE #103  
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD (X) Change ( ) Addition  
Name: SATORRE, MAYULI C  
Address: 2911 SOUTH CONGRESS AVENUE #103  
City-St-Zip: LAKE WORTH, FL 33461

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: MAYULI C SATORRE

VPD

03/10/2009

Electronic Signature of Signing Officer or Director

Date