

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086073

FILED
Jan 12, 2009
Secretary of State

Entity Name: ST. SOPHIA NURSING CARE, CORPORATION

Current Principal Place of Business:

4760 SW 143 AVENUE
MIAMI, FL 33175

New Principal Place of Business:

702 SW 57 AVE
MIAMI, FL 33144

Current Mailing Address:

4760 SW 143 AVENUE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 26-3392622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUTIERREZ, DEYANIRA
4760 SW 143 AVENUE
MIAMI, FL 33175 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: P () Delete
Name: GUTIERREZ, DEYANIRA
Address: 4760 SW 143 AVENUE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEYANIRA GUTIERREZ

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date