

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095121

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** MARY'S HEALTH CENTER CORP.

**Current Principal Place of Business:**

2111 NW 104 AVE  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

2111 NW 104 AVE  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

**FEI Number:** 26-3569246      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARTINEZ, CARLOS  
2111 NW 104 AVE  
PEMBROKE PINES, FL 33026 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  
Name: PEREZ, MARIA E  
Address: RES LAS TINAJAS PHA AVE BOLIVAR  
City-St-Zip: LECHERIAS ANZOATEGUI, AZ 6016 VE

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: MARIA PEREZ

P

03/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date