## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098555

Entity Name: BIOTOP HEALTHCARE, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

42 NW 27 AVE. 42 NW 27 AVE SUITE 419 SUITE 419 MIAMI, FL 33125 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

42 NW 27 AVE. 42 NW 27 AVE SUITE 419 SUITE 419 MIAMI, FL 33125 MIAMI, FL 33125

FEI Number: 26-3656631 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ARENCIBIA, RONNIE
42 NW 27 AVE.
SUITE 419
MIAMI, FL 33125 US

ARENCIBIA, RONNIE
42 NW 27 AVE
5UITE 419
MIAMI, FL 33125 US

MIAMI, FL 33125 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: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PSTD (X) Change ( ) Addition

 Name:
 ARENCIBIA, RONNIE
 Name:
 ARENCIBIA, RONNIE

 Address:
 42 NW 27 AVE. SUITE 419
 Address:
 42 NW 27 AVE - SUITE 419

City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

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: RONNIE ARENCIBIA P 04/29/2009