2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P08000105318

Entity Name: DADE HEALTH CARE INC.

Current Principal Place of Business:

1490 W 49 PLACE
SUITE 210
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 W 49 PLACE
SUITE 210
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 26-3805072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, NELSON
5055 COLLINS AVE #14H
MIAMI BEACH, FL 33140 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: RAMIREZ, NELSON
Address: 5055 COLLINS AVE #14H
City-St-Zip: MIAMI BEACH, FL 33140

Title: S
Name: CASTELLANOS, SEGIO
Address: 6700 SW 30 ST
City-St-Zip: HIALEAH, FL 33012

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: NELSON RAMIREZ PRS 05/03/2010

Electronic Signature of Signing Officer or Director Date