

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105318

**Entity Name:** DADE HEALTH CARE INC.

**FILED**  
**May 02, 2011**  
**Secretary of State**

**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

**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

05/02/2011

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

\_\_\_\_\_  
Date