2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# P09000054356

Entity Name: CARIBE HEALTH CENTER, INC

Current Principal Place of Business:

4812 NORTH HABANA AVE
STE A
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4812 NORTH HABANA AVE
STE A
TAMPA, FL 33614

New Mailing Address:

FEI Number: 27-0428113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, SUREYA
3529 HARKEN CIRCLE
TAMPA, FL 33607 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: DIAZ, SUREYA
Address: 3529 HARKEN CIRCLE
City-St-Zip: TAMPA, FL 33607

Title: V
Name: DOMINGUEZ, ANA B
Address: 3529 HARKEN CIRCLE
City-St-Zip: TAMPA, FL 33607

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: SUREYA DIAZ P 04/27/2010

Electronic Signature of Signing Officer or Director Date