2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# P09000065716

Entity Name: BUEN PASTOR HEALTH CARE SYSTEM, INC

Current Principal Place of Business:

8288 NW 195 TER
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

8288 NW 195 TER
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 27-0677079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOREZ, GABRIEL G
8288 NW 195 TER
HIALEAH, FL 33015 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: PD
Name: FLOREZ, GABRIEL G
Address: 8288 NW 195 TER
City-St-Zip: HIALEAH, FL 33015

Title: VP
Name: VARGAS, CIELO E
Address: 8288 NW 195 TER
City-St-Zip: HIALEAH, FL 33015

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: GABRIEL G. FLOREZ PD 04/05/2010

Electronic Signature of Signing Officer or Director Date