

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000053696

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** WB HEALTH CARE SERVICES INC

**Current Principal Place of Business:**

9600 NW 25 ST  
SUITE 6E  
DORAL, FL 33172

**New Principal Place of Business:**

9600 NW 25 ST  
SUITE 6E  
DORAL, FL 33172 UN

**Current Mailing Address:**

9600 NW 25 ST  
SUITE 6E  
DORAL, FL 33172

**New Mailing Address:**

9600 NW 25 ST  
SUITE 6E  
DORAL, FL 33172 UN

**FEI Number:** 27-3028254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, MINERVA  
9600 NW 25 ST SUITE 6E  
DORAL, FL 33172 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: RODRIGUEZ, MINERVA  
Address: 9600 NW 25 ST SUITE 6E  
City-St-Zip: DORAL, FL 33172

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: MINERVA RODRIGUEZ

P

04/23/2012

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

\_\_\_\_\_  
Date