## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000007813

Entity Name: PACER HEALTH CORPORATION

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7759 N.W. 146 STREET MIAMI LAKES, FL 33016				15050 NW 79 COURT SUITE 201 MIAMI LAKES, FL 33016		
Current Mailing Address:				New Mailing Address:		
7759 N.W. 146 STREET MIAMI LAKES, FL 33016				15050 NW 79 COURT SUITE 201 MIAMI LAKES, FL 33016		
FEI Number:	: 11-3144463	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address of I	New Registered Agent:
JURADO, ALFREDO 1001 EAST SAMPLE ROAD SUITE 9E POMPANO BEACH, FL 33064 US				CHI, JOHN 15050 NW 79 COURT SUITE 201 MIAMI LAKES, FL 33016 US		
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered o	office or registered agent, or both,
SIGNATURE: TINA VIDAL				04/07/2009		
	npaign Financin	g Trust Fund Contribution(). TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GONZALEZ, R 7759 NW 16 S MIAMI LAKES, D ( JURADO, ALFI 1001 EAST SA	TREET FL 33016 ) Delete		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GONZALEZ, R. 15050 NW 79 MIAMI LAKES,	COURT, SUITE 201
Title: Name: Address: City-St-Zip:	D ( PANTALEON, I 7761 NW 146 MIAMI LAKES,	STREET		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( MARCELO, LL 13701 SW 88 MIAMI, FL 331	STREET		Title: Name: Address: City-St-Zip:	VINCENT, JOH	COURT, SUITE 201
Title: Name: Address: City-St-Zip:	D ( EUGENE, MAR 7759 NW 146 MIAMI LAKES,	STREET		Title: Name: Address: City-St-Zip:	EUGENE, MÀR	COURT, SUITE 201
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	CHI, JOHN	) Change (X) Addition COURT, SUITE 201 FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA VIDAL VP 04/07/2009