

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041417

Entity Name: LEUNG HEALTH CARE, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

888 N.E. 126 STREET, SUITE 101  
N. MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

888 N.E. 126 STREET, SUITE 101  
N. MIAMI, FL 33161

## New Mailing Address:

FEI Number: 65-0497898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEUNG, IRENE  
2310 ARCH CREEK DR  
NORTH MIAMI, FL 33181 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: PVD ( ) Delete  
Name: LEUNG, GILBERT  
Address: 888 N.E. 126 STREET, SUITE 101  
City-St-Zip: N. MIAMI, FL 33161

Title: STD ( ) Delete  
Name: LEUNG, THERESA  
Address: 888 N.E. 126 STREET, SUITE 101  
City-St-Zip: N. MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GILBERT LEUNG

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date