

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041417

Entity Name: LEUNG HEALTH CARE, INC.

FILED
Mar 28, 2009
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:

LEUNG, THERESA
2310 ARCH CREEK DR
NORTH MIAMI, FL 33181 US

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: THERESA LEUNG

03/28/2009

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: THERESA LEUNG

SECR

03/28/2009

Electronic Signature of Signing Officer or Director

Date