

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066003

FILED
Jan 06, 2009
Secretary of State

Entity Name: FLORIDA INTERNATIONAL HEALTH CENTER, INC.

Current Principal Place of Business:

2141 NW 7TH ST
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2141 NW 7TH ST
MIAMI, FL 33125

New Mailing Address:

POBOX 422061
MIAMI, FL 332422061

FEI Number: 65-0527565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASUSTA, TOMAS
2141 NW 7 ST
MIAMI, FL 33125 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: CDPS () Delete
Name: CREGO, PIERRE
Address: 721 NORTHWEST 21ST COURT
City-St-Zip: MIAMI, FL 33125

Title: DST () Delete
Name: ASUSTA, TOMAS
Address: 721 NORTHWEST 21ST COURT
City-St-Zip: MIAMI, FL 33125

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: TOMAS J. ASUSTA

DST

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date