2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# P96000045405

Entity Name: CARE HEALTH CENTER II INC.

Current Principal Place of Business:

CARE HEALTH CENTER II
6100 W. OAKLAND PARK BLVD
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

CARE HEALTH CENTER II
6100 W. OAKLAND PARK BLVD
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: 65-0669569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DALAL, ASHOK
1266 N.W. 119TH STREET
NORTH MIAMI, FL 33168 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: PD ( ) Delete
Name: VAKHARIA, VIJAY
Address: 3365 BRIDLE PATH LANE
City-St-Zip: FT. LAUDERDALE, FL 33331 US

Title: SD ( ) Delete
Name: VAKHARIA, DAKSHA
Address: 3365 BRIDLE PATH LANE
City-St-Zip: FT. LAUDERDALE, FL 33331 US

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: VIJAY VAKHARIA PD 01/18/2009

Electronic Signature of Signing Officer or Director Date