2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2010
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:

CARE HEALTH CENTER II
8302 W. OAKLAND PARK BLVD
SUNRISE, FL 33351 US

Current Mailing Address:

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

New Mailing Address:

CARE HEALTH CENTER II
8302 W. OAKLAND PARK BLVD
SUNRISE, FL 33351 US

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
Name: VAKHARIA, VIJAY
Address: 3365 BRIDLE PATH LANE
City-St-Zip: FT. LAUDERDALE, FL 33331 US

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

I hereby 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 all other like empowered.

SIGNATURE: VIJAY VAKHARIA PD 02/14/2010

Electronic Signature of Signing Officer or Director Date