

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045405

FILED
Jan 08, 2012
Secretary of State

Entity Name: CARE HEALTH CENTER II INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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

01/08/2012

Electronic Signature of Signing Officer or Director

Date