2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033318

FILED May 01, 2008 Secretary of State

Entity Name: PALMETTO COMPREHENSIVE HEALTH CARE, INC

- include that		THE COMMITTED TO THE RETT	10/112, 1110.			
Current Pi	incipal Plac	e of Business:	New Principal P	New Principal Place of Business:		
B01 MOMT SUITE 204 MIAMI, FL		ΈΤ				
Current M	ailing Addr	ess:	New Mailing Add	New Mailing Address:		
B01 MOMT SUITE 204 MIAMI, FL		ΈΤ				
El Number:	65-0743773	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:		
TORRES, I 1850 SW 8 MIAMI, FL	STREET SU					
	named entity of Florida.	v submits this statement for the po	urpose of changing its regis	stered office or registered agent, or both,		
SIGNATUF	RE:					
	Electro	onic Signature of Registered Age	nt	Date		
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notice.			
	AND DIRE	` '	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	ENIMISIS, TO	TREET SUITE 302	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	VD (PEREZ, RAU 7160 S.W. 16 MIAMI, FL 33	STH TERR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: ENIMISIS TORRES	PD	05/01/2008
	FD	