

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088986

Entity Name: NATURAL HEALTH CARE CLINIC, INC.

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

2713 N ANDREWS AVENUE
7
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

2713 N ANDREWS AVENUE
7
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 65-0953815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL H ESQ.
11724 NW 48TH STREET
CORAL SPRINGS, FL 33076 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: PSTD () Delete
Name: RHODEN, PETER J
Address: 6170 SW 195TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VD () Delete
Name: DALUS, EDDY
Address: 4816 NW 14TH STREET
City-St-Zip: COCONUT CREEK, FL 33063

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: PETER JOHN RHODEN

PRES

02/13/2008

Electronic Signature of Signing Officer or Director

Date