

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53789

FILED
Jun 24, 2009
Secretary of State

Entity Name: SUKY HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

2350 S.W. 8 ST.
MIAMI, FL 33135

New Principal Place of Business:

2350 SW 8 ST.
STE 202
MIAMI, FL 33135

Current Mailing Address:

2350 S.W. 8 ST.
MIAMI, FL 33135

New Mailing Address:

2350 SW 8 ST.
STE 202
MIAMI, FL 33135

FEI Number: 65-0266171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, BERTA A.
2350 S.W. 8 ST. SUITE 202
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

RODRIGUEZ, BERTA A
2350 SW 8 ST
STE 202
MIAMI, FL 33135 US

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: BERTA A. RODRIGUEZ

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, BERTA A.
Address: 4635 S.W. 95TH AVE.
City-St-Zip: MIAMI, FL 331655859

Title: VP () Delete
Name: DE JESUS TORRES, TERESA
Address: 4635 S.W. 95TH AVE.
City-St-Zip: MIAMI, FL 331655859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RODRIGUEZ, BERTA A
Address: 4635 SW 95TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change () Addition
Name: DE JESUS TORRES, TERESA
Address: 4635 SW 95TH AVE.
City-St-Zip: MIAMI, FL 33165

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: BERTA A. RODRIGUEZ

CEO

06/24/2009

Electronic Signature of Signing Officer or Director

Date