

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59475

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** COMPASS HEALTH SYSTEMS, P.A.

**Current Principal Place of Business:**

1065 NE 125 ST  
409  
N MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

1065 NE 125 ST  
409  
N MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:** 65-0199979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JELONEK, DENISE  
ATTN: DENISE JELONEK  
1065 NE 125 ST., SUITE 409  
N. MIAMI, FL 33161 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: P  
Name: SCOTT, SEGAL  
Address: 1065 NE 125TH STREET, # 409  
City-St-Zip: NORTH MIAMI, FL 33161 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: SCOTT SEGAL

PRES

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date