

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005018

FILED
Apr 10, 2010
Secretary of State

Entity Name: SONIA PLOTNICK HEALTH FUND INC.

Current Principal Place of Business:

12520 83RD AVE NORTH
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 530606
ST PETERSBURG, FL 33747 US

New Mailing Address:

FEI Number: 04-3701604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, LYNDA
3141 68 TERRACE SO
C
ST PETERSBURG, FL 33712 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: RODRIGUEZ, LYNDA
Address: 3141 68 TERRACE SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: T
Name: CERCEK, LISA
Address: 1736 ADAMS CIRCLE S
City-St-Zip: LARGO, FL 33771

Title: S
Name: DESMARIS, CHICKY
Address: 12520 83RD AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: DIAZ, DENISE
Address: 3002 DUPONT STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: BROWN, VANESSA
Address: 15431 PLANTATION OAK DRIVE APT 11
City-St-Zip: TAMPA, FL 33647

Title: D
Name: SORENSON, HOLLY
Address: 4000 24TH ST. N LOT 422
City-St-Zip: ST. PETERSBURG, FL 33714

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNDA RODRIGUEZ

P

04/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date