

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: MIRACLE HEALTH CENTER, INC.

Current Principal Place of Business:

6001 SILVER STAR ROAD
SUITE 1
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 15779
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 20-2331623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOBOLA, KENNETH O
8001 N. DALE MABRY HWY
BLDG 701
TAMPA, FL 33614 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: OWNE
Name: SHOBOLA, KENNETH O
Address: 8001 N. DALE MABRY HWY BLDG 701
City-St-Zip: TAMPA, FL 33614

Title: T
Name: ACOSTA, ILKA D
Address: 8001 N. DALE MABRY HWY BLDG 701
City-St-Zip: TAMPA, FL 33614

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: KENNETH SHOBOLA

MGR

04/29/2011

Electronic Signature of Signing Officer or Director

Date