

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111112

Entity Name: DENNIG HEALTHCARE INC.

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

10613 LAKE GARY ROAD
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

PO BOX 1739
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 56-2403875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, IMKE
10613 LAKE GARY RD
CLERMONT, FL 34714 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: MRS.
Name: CASEY, IMKE
Address: 10613 LAKE GARY RD
City-St-Zip: CLERMONT, FL 34714

Title: MR.
Name: CASEY, JAMES J JR
Address: 10613 LAKE GARY RD
City-St-Zip: CLERMONT, FL 34714

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: IMKE CASEY

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date