2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# P07000024107

Entity Name: POLY HEALTHCARE MEDICAL CENTER, INC

Current Principal Place of Business:

7732 SILVER STAR ROAD
SUITE 3
ORLANDO, FL 32818

New Principal Place of Business:

750 S. ORANGE BLOSSOM TR
SUITE 206
ORLANDO, FL 32805

Current Mailing Address:

P.O. BOX 682209
ORLANDO, FL 32868 US

New Mailing Address:

P.O. BOX 682149
ORLANDO, FL 32868 US

FEI Number: 02-0801026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLYNICE, JOANES J
7732 SILVER STAR RD
STE 3
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

POLYNICE, JOANES J
750 S. ORANGE BLOSSOM TRAIL
STE 206
ORLANDO, FL 32868 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: JOANES POLYNICE 05/01/2010
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
Name: POLYNICE, JOANES J
Address: 750 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805 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: JOANES POLYNICE P 05/01/2010
Electronic Signature of Signing Officer or Director Date