

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101050

Entity Name: CHRYSALIS HEALTH, INC.

FILED
Feb 18, 2010
Secretary of State

Current Principal Place of Business:

3521 W. BROWARD BLVD., 3RD FLOOR
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3521 W. BROWARD BLVD., 3RD FLOOR
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 27-1494044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACASA, EDUARDO
7380 SW 48 STREET
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MENENDEZ, MANUEL
Address: 7380 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: COO
Name: LACASA, EDUARDO
Address: 7380 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: VP
Name: JUNQUERA, ANGEL
Address: 3521 W. BROWARD BLVD., 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: LYNCH, LESLIE
Address: 3521 W. BROWARD BLVD., 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: DEMILLE, ANUSKA V
Address: 3521 W. BROWARD BLVD., 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33312

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: EDUARDO LACASA

COO

02/18/2010

Electronic Signature of Signing Officer or Director

Date