2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2012
Secretary of State

DOCUMENT# P09000101050

Entity Name: CHRYSALIS HEALTH, INC.

Current Principal Place of Business:

3800 W. BROWARD BLVD.,
STE. 100
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3800 W. BROWARD BLVD.,
STE. 100
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
351 ALTARA AVE.
CORAL GABLES, FL 33146 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: MENENDEZ, MANUEL
Address: 351 ALTARA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: COO
Name: LACASA, EDUARDO
Address: 351 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: JUNQUERA, ANGEL
Address: 3800 W. BROWARD BLVD.,
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: LYNCH, LESLIE
Address: 3800 W. BROWARD BLVD.,
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D
Name: DEMILLE, ANUSKA V
Address: 3800 W. BROWARD BLVD.,
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 02/06/2012

Electronic Signature of Signing Officer or Director Date