2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P10000010869

Entity Name: GIFTED HEALTH CARE, INC.

Current Principal Place of Business:

3200 NORTH FEDERAL HWY
STE 206-4
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

3200 NORTH FEDERAL HWY
STE 206-4
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 35-2376070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADET, EVELYN
180 N.E. 45 STREET
MIAMI, FL 33137 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: CADET, EVELYN
Address: 180 N.E. 45 STREET
City-St-Zip: MIAMI, FL 33137 US

Title: S
Name: JEAN-BAPTISTE, MARIE
Address: 3942 W. LAKE ESTATE DRIVE
City-St-Zip: DAVIE, FL 33328 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: EVELYN CADET P 02/17/2011

Electronic Signature of Signing Officer or Director Date