

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039212

FILED
Apr 14, 2012
Secretary of State

Entity Name: MOBILE HEALTH, P.A.

Current Principal Place of Business:

12180 28TH STREET NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

15757 PINES BLVD.
B-262
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-0492724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UMANSKY, HOWARD
15757 PINES BLVD.
B-262
PEMBROKE PINES, FL 33027 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: PD
Name: UMANSKY, HOWARD
Address: 15757 PINES BLVD B-262
City-St-Zip: PEMBROKE PINES, FL 33027

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: HOWARD UMANSKY

PD

04/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date