

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048797

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PRO HEALTH, INC.

**Current Principal Place of Business:**

814 PONCE DE LEON BLVD  
SSUITE 304  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 144920  
CORAL GABLES, FL 331144920 US

**New Mailing Address:**

**FEI Number:** 65-0589481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIEZ, ARMANDO P PRES  
814 PONCE DE LEON BLVD  
SUITE 304  
CORAL GABLES, FL 33134 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: D  
Name: DIEZ, ARMANDO P PRES  
Address: 814 PONCE DE LEON BLVD, SUITE 304  
City-St-Zip: CORAL GABLES, FL 33134 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: ARMANDO P DIEZ

PRES

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date