

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085909

FILED
Jan 26, 2011
Secretary of State

Entity Name: CENTERED HEALTH CARE, P.A.

Current Principal Place of Business:

5540 EAST GRANT STREET
A
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5540 EAST GRANT STREET
A
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3599314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAITANO, ANTHONY
5540 EAST GRANT STREET
A
ORLANDO, FL 32822 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: PT
Name: ZIVALICH, JANE M.D.
Address: 5540 EAST GRANT STREET, SUITE A
City-St-Zip: ORLANDO, FL 32822

Title: SVP
Name: PATEL, ANIL R
Address: 5540 EAST GRANT STREET, SUITE A
City-St-Zip: ORLANDO, FL 32822

Title: VP
Name: STINE, SANDRA
Address: 5540 EAST GRANT STREET, SUITE A
City-St-Zip: ORLANDO, FL 32822

Title: VP
Name: MESTRE, ARSENIO A
Address: 5540 EAST GRANT STREET, SUITE A
City-St-Zip: ORLANDO, FL 32822

Title: VP
Name: FRANK, CATHY
Address: 5540 EAST GRANT STREET, SUITE A
City-St-Zip: ORLANDO, FL 32822

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: JANE ZIVALICH

PT

01/26/2011

Electronic Signature of Signing Officer or Director

_____ Date