

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000032

**Entity Name:** 4TH TIER HEALTHCARE SERVICES UNIT SYSTEM, INC.

**Current Principal Place of Business:**

2101 TAMIAMI TRAIL SUITE 4  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

2101 TAMIAMI TRAIL SUITE 4  
PORT CHARLOTTE, FL 33948

**FEI Number:** 45-4861525

**Certificate of Status Desired:** No

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

JACKREECE, PATRICIA  
2101 TAMIAMI TRAIL SUITE 4  
PORT CHARLOTTE, FL 33948 US

*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

**Officer/Director Detail :**

Title T  
Name DIKE, VERONICA I  
Address 5908 N ARMENIA AVE SUITE 100  
City-State-Zip: TAMPA FL 33603

Title T  
Name NWAJEI, CHIEF FRANCIS O  
Address ASABA DELTA STATE NIGERIA  
City-State-Zip: WEST AFRICA

Title T  
Name CHIZEA, EZENWA F  
Address 2 ISAAC JOHN ST GRA IKEJA LAGOS  
City-State-Zip: NIGERIA WEST AFRICA

Title T  
Name MINNING, JOYCE L  
Address 324 TRIESTE DR  
City-State-Zip: PUNTA GORDA FL 33950

Title T  
Name OKONKWO, LOUIS O  
Address 8000 S TAMIAMI TRAIL  
City-State-Zip: VENICE FL 34293

Title T  
Name DENNAR, CHUKWUNOMNSO  
Address 1430 TULANE AVE SL-16  
City-State-Zip: NEW ORLEANS LA 70112

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VERONICA I DIKE

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date