

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000067398

**Entity Name:** REPUTABLE HEALTH CARE, INC.**Current Principal Place of Business:**5220 SOUTH UNIVERSITY DRIVE  
C107  
DAVIE, FL 33328**Current Mailing Address:**5220 SOUTH UNIVERSITY DRIVE  
C107  
DAVIE, FL 33328 US**FEI Number:** 56-2462944**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPENCE, SHAWN T  
5220 SOUTH UNIVERSITY DRIVE  
C107  
DAVIE, FL 33328 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:** SHAWN SPENCE

03/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	TODD, MASTON D
Address	5220 SOUTH UNIVERSITY DRIVE C107
City-State-Zip:	DAVIE FL 33328

Title	PTC
Name	SHAWN SPENCE
Address	5220 SOUTH UNIVERSITY DRIVE C107
City-State-Zip:	DAVIE FL 33328

Title	VP
Name	SPENCE, SHAWN T
Address	5220 SOUTH UNIVERSITY DRIVE C107
City-State-Zip:	DAVIE FL 33328

Title	CFO
Name	SPENCE, JOAN P
Address	5220 SOUTH UNIVERSITY DRIVE C107
City-State-Zip:	DAVIE FL 33328

*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:** SHAWN T SPENCE

PRESIDENT

03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date