

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000010869

Entity Name: GIFTED HEALTH CARE, INC.

Current Principal Place of Business:

3200 NORTH FEDERAL HWY
STE 206-4
BOCA RATON, FL 33432

Current Mailing Address:

3200 NORTH FEDERAL HWY
STE 206-4
BOCA RATON, FL 33432 US

FEI Number: 35-2376070

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADET, EVELYN
180 N.E. 45 STREET
MIAMI, FL 33137 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	P	Title	S
Name	CADET, EVELYN	Name	JEAN-BAPTISTE, MARIE
Address	180 N.E. 45 STREET	Address	3942 W. LAKE ESTATE DRIVE
City-State-Zip:	MIAMI FL 33137	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: EVELYN CADET

PRESIDENT

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date