## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000071401

Entity Name: FLORIDA HEALTHCARE IT, INC

**Current Principal Place of Business:** 

904 KIRBY ST PALATKA, FL 32177

**Current Mailing Address:** 

904 KIRBY ST

PALATKA. FL 32177 US

FEI Number: 45-2978398 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OBERMAN, JOSEPH O 904 KIRBY ST PALATKA, FL 32177 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

**FILED** Apr 29, 2013

**Secretary of State** 

CC7740752371

Officer/Director Detail:

**PRES** Title Title DIR

Name OBERMAN, TRACI C Name OBERMAN, JOSEPH O

Address 904 KIRBY ST Address 904 KIRBY ST

City-State-Zip: PALATKA FL 32177 City-State-Zip: PALATKA FL 32177

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: TRACI OBERMAN

**OFFICER** 

04/29/2013

Date