

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747946

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** FAMILY EMERGENCY SERVICES OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

320 AVENUE T NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 624  
WINTER HAVEN, FL 33882

**New Mailing Address:**

**FEI Number:** 59-0609724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MATTOX, RAY  
316 W. CENTRAL AVENUE  
SUITE 312  
WINTER HAVEN, FL 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: PD  
Name: YOKSHAS, JOSEPH  
Address: 200 AVENUE K SE APT. 93  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: WOODHEAD, DIANA  
Address: 136 BERMUDA CT  
City-St-Zip: WINTER HAVEN, FL

Title: T  
Name: WHEATON, LENNY  
Address: 340 GOODMAN AVE  
City-St-Zip: LAKE ALFRED, FL 33850

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: DIANA L. WOODHEAD

DIR

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date