2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# 769546

Entity Name: CENTER FOR FAMILY HEALTH, INC.

Current Principal Place of Business:

912 E SLIGH
TAMPA, FL 336045636 US

New Principal Place of Business:

Current Mailing Address:

3812 GUNN HWY
SUITE D
TAMPA, FL 33618 US

New Mailing Address:

3812 GUNN HWY
SUITE A
TAMPA, FL 33618 US

FEI Number: 59-2336990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILHITE, SARAH
3812 GUNN HWY
SUITE D
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WILHITE, SARAH
3812 GUNN HWY
SUITE A
TAMPA, FL 33618 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: SARAH WILHITE 04/29/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RYDER, KATHY PHD
Address: 2727 W. FLETCHER AVE. #14-1
City-St-Zip: TAMPA, FL 33618

Title: TD
Name: WILHITE, SARAH
Address: 3812 GUNN HWY STE A
City-St-Zip: TAMPA, FL 33618

Title: SD
Name: DAVIS, KIM A MS
Address: 3311 LAWN AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VPD
Name: KEITH, MARY PHD
Address: 2106 E. ANNIE ST.
City-St-Zip: TAMPA, FL 33612

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: SARAH WILHITE TREA 04/29/2011
Electronic Signature of Signing Officer or Director Date