

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001938

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** LIBERTY COMMERCIAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

10400 S. U.S. HIGHWAY 1  
SUITE 400  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

10400 S. U.S. HIGHWAY 1, STE 400  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

10400 S. U.S. HIGHWAY 1  
SUITE 400  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

10400 S. U.S. HIGHWAY 1, STE 400  
PORT ST. LUCIE, FL 34952

**FEI Number:** 32-0070289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JONES, KEITH  
Address: 10400 S. U.S. HIGHWAY 1, STE 400  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPS  
Name: MARINO, LORI B  
Address: 10400 S. U.S. HIGHWAY 1, STE 400  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SVPT  
Name: GAYLORD, PETER  
Address: 10400 S. U.S. HIGHWAY 1, STE 400  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: MICHELLE DONATO

POA

04/23/2010

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

\_\_\_\_\_ Date