

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000039

FILED
Apr 26, 2011
Secretary of State

Entity Name: PACIFIC COAST HEALTH CARE CENTER, INC.

Current Principal Place of Business:

505 VELASQUEZ DR.
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

505 VELASQUEZ DR.
OSPREY, FL 34229

New Mailing Address:

FEI Number: 77-0357820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBENALT, JOHN F.
505 VELASQUEZ DR.
OSPREY, FL 34229 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: CDPS
Name: ROBENALT, JOHN F.
Address: 505 VELASQUEZ DR.
City-St-Zip: OSPREY, FL 34229

Title: VCVD
Name: ROBENALT, VANCENE F.
Address: 505 VELASQUEZ DR.
City-St-Zip: OSPREY, FL 34229

Title: T
Name: ROBENALT, VANCENE F.
Address: 505 VELASQUEZ DR.
City-St-Zip: OSPREY, FL 34229

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: JOHN F. ROBENALT

CDPS

04/26/2011

Electronic Signature of Signing Officer or Director

Date