

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002754

Entity Name: SANA HEALTH GROUP, INC.

FILED
Jan 07, 2011
Secretary of State

Current Principal Place of Business:

CPS 15052
1733 N.W. 79TH AVENUE
MIAMI, FL 331261112

New Principal Place of Business:

Current Mailing Address:

CPS 15052
1733 N.W. 79TH AVENUE
MIAMI, FL 331261112

New Mailing Address:

FEI Number: 26-2821182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ADAMS, JEANMARIE
Address: CPS 15052, 1733 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33126

Title: VP
Name: VICIOSO OLLER, RAMON H
Address: CPS 15052, 1733 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33126

Title: TRES
Name: VILLALON, PEDRO A OLLER
Address: CPS 15052, 1733 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33126

Title: SEC
Name: NAJRI, EDUARDO
Address: CPS 15052, 1733 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33126

Title: D
Name: EMPRENDE INC.
Address: CPS 15052, 1733 NW 79TH AVE
City-St-Zip: MIAMI, FL 33126

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: JEANMARIE ADAMS

PRES

01/07/2011

Electronic Signature of Signing Officer or Director

_____ Date