

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002753

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** DEGANPHILIPS HEALTHCARE CORPORATION

**Current Principal Place of Business:**

60 E. SIMPSON AVE.  
JACKSON, WY 83001

**New Principal Place of Business:**

**Current Mailing Address:**

6900-29 DANIELS PKWY, SUITE 210  
FT. MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 27-2254081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DETWEILER, GERRI  
1037 GREYSTONE LANE  
SARASOTA, FL 34232 US

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

MAJORS, RODNEY  
6900-29 DANIELS PARKWAY  
SUITE 210  
FORT MYERS, FL 33912 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:** RODNEY K. MAJORS

03/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PC  
**Name:** MAJORS, RODNEY  
**Address:** 13881 AVON PARK CIRCLE, UNIT 103  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** ST  
**Name:** MAJORS, ALISON  
**Address:** 13881 AVON PARK CIRCLE, UNIT 103  
**City-St-Zip:** FORT MYERS, FL 33912

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:** RODNEY K. MAJORS

PRES

03/08/2011

Electronic Signature of Signing Officer or Director

Date