

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K30968

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** KENDALL HEALTH CARE, INC.

**Current Principal Place of Business:**

11355 SW 84 ST  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

11355 SW 84 ST  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 65-0075586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROIZ, OSCAR L  
10850 SW 113 PLACE  
MIAMI, FL 33176 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:** PD  
**Name:** SHAHAM, JACOB  
**Address:** 11355 SW 84 ST  
**City-St-Zip:** MIAMI, FL

**Title:** SEC  
**Name:** SHAHAM, HELEN  
**Address:** 11355 SW 84 ST  
**City-St-Zip:** MIAMI, FL

**Title:** VP  
**Name:** ROIZ, OSCAR L  
**Address:** 11355 SW 84 ST  
**City-St-Zip:** MIAMI, FL 33173

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:** JACOB SHAHAM

PD

04/11/2012

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

\_\_\_\_\_  
Date