

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005018

FILED
Mar 03, 2012
Secretary of State

Entity Name: SONIA PLOTNICK HEALTH FUND INC.

Current Principal Place of Business:

12520 83RD AVE NORTH
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 530606
ST PETERSBURG, FL 33747 US

New Mailing Address:

FEI Number: 04-3701604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERCEK, LISA
1736 ADAMS CIR S.
LARGO, FL 33771 US

Name and Address of New Registered Agent:

CERCEK, LISA
19455 GULF BLVD.
8A
INDIAN SHORES, FL 33785 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: LISA CERCEK

03/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SPRUILL, MARLA
Address: 12520 83 AVE N.
City-St-Zip: SEMINOLE, FL 33776

Title: T
Name: CERCEK, LISA
Address: 1736 ADAMS CIRCLE S
City-St-Zip: LARGO, FL 33771

Title: P
Name: DESMARIS, CHICKY
Address: 12520 83RD AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: FUNK, JEN
Address: 5670 28 ST S #194
City-St-Zip: ST. PETE, FL 33712

Title: D
Name: SMITH, MARY
Address: 1103 9TH CIR SE
City-St-Zip: LARGO, FL 33771

Title: D
Name: NOLLER, DORTHY
Address: 9925 ULMERTON RD. #79
City-St-Zip: LARGO, FL 33771

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: L. CERCEK

T

03/03/2012

Electronic Signature of Signing Officer or Director

Date