

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005388

FILED  
Jul 28, 2005  
Secretary of State

Entity Name: NANAY HEALTH CENTER, INC.

**Current Principal Place of Business:**

12340 NE 6TH COURT  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

659 NE 125 STREET  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 20-0054389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BRUCE, JOCELYN H M.D.  
659 NE 125 STREET  
NORTH MIAMI, FL 33161      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRUCE, JOCELYN H M.D.  
Address: 659 NE 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: TRINIDAD, BENNIE  
Address: 659 NE 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: S ( ) Delete  
Name: WINNETT, NIDA  
Address: 659 NE 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: T ( ) Delete  
Name: KRANZEL, HELEN  
Address: 659 NE 125 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BENNIE TRINIDAD

VP

07/28/2005

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

\_\_\_\_\_  
Date