

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005388

FILED
Mar 22, 2009
Secretary of State

Entity Name: NANAY HEALTH CENTER, INC.

Current Principal Place of Business:

659 NE 125 STREET
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 ()

Name and Address of Current Registered Agent:

BRUCE, JOCELYN H M.D.
2851 SOMERSET DRIVE # 415
LAUDERDALE LAKES, FL 33311 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: M () Delete
Name: BRUCE, JOCELYN H M.D.
Address: 2851 SOMERSET DRIVE # 415
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VP () Delete
Name: TRINIDAD, RUBEN
Address: 1221 NE 131ST STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: S () Delete
Name: FORTE, NENA
Address: 12995 SW 188 STREET
City-St-Zip: MIAMI, FL 33177

Title: COB () Delete
Name: KRANZEL, HELEN
Address: 468 CAMERON DRIVE
City-St-Zip: WESTON, FL 33326

Title: COB () Delete
Name: LLURBA, BERNADITA
Address: 1757 W 72ND STREET
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: BALAUAT, KAREN
Address: 1315 NE 134 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRUCE, JOCELYN H M.D.
Address: 2851 SOMERSET DRIVE # 415
City-St-Zip: LAUDERDALE LAKES, FL 33311

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

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Name:
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Name:
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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 exemption stated in Chapter 119, 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: JOCELYN H BRUCE

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date