

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005388

FILED
Feb 07, 2010
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 (X)

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

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

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

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

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

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

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: JOCELYN H. BRUCE

P

02/07/2010

Electronic Signature of Signing Officer or Director

Date