

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002083

FILED
Mar 12, 2010
Secretary of State

Entity Name: CALVARY HEALTH AND SUPPORT INC.

Current Principal Place of Business:

540 NW 165 STREET ROAD
207
NORTH MIAMI BEACH, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

540 NW 165 STREET ROAD
207
NORTH MIAMI BEACH, FL 33169 US

New Mailing Address:

FEI Number: 20-0789142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSHOKOYA, RASHEED O DR.
540 NW 165 STREET ROAD
207
NORTH MIAMI BEACH, FL 33169 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: PRES
Name: OSHOKOYA, RASHEED O DR.
Address: 540 NW 165 STREET ROAD, SUITE #207
City-St-Zip: N. MIAMI BEACH, FL 33169 US

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: RASHEED OSHOKOYA

PRES

03/12/2010

Electronic Signature of Signing Officer or Director

Date