2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# N04000002083

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:

4343 S. STATE ROAD 7
101
DAVIE, FL 33314 US

Current Mailing Address:

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

New Mailing Address:

4343 S. STATE ROAD 7
101
DAVIE, FL 33314 US

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:

OSHOKOYA, RASHEED O DR.
4343 S. STATE ROAD 7
101
DAVIE, FL 33314 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: R.O 04/23/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: OSHOKOYA, RASHEED O DR.
Address: 4343. STATE ROAD 7, UNIT 101
City-St-Zip: DAVIE, FL 33314 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: R.O P 04/23/2012

Electronic Signature of Signing Officer or Director — Date