2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007078

FILED Feb 27, 2010 Secretary of State

Entity Name: CENTER FOR GLOBAL HEALTH & HUMANITY SERVICES, INC

Current Principal Place of Business: New Principal Place of Business:

1721 SW GLORIA LN

PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

1721 SW GLORIA LN PORT SAINT LUCIE, FL 34953

FEI Number: 76-0792965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

UKPONG, DANIEL M MPH 1721 SW GLORIA LN

PORT SAINT LUCIE, FL 34953 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: F

 Name:
 UKPONG, DANIEL M MPH

 Address:
 1721 SW GLORIA LN

 City-St-Zip:
 PORT SAINT LUCIE, FL 34953

Title: O

Name: B-DILLON, DAPHNEY B RN Address: 1732 SW LEXINGTON DRIVE City-St-Zip: PORT ST LUCIE, FL 34953

Title: VF

Name: UKPONG, CHRISTOPHER BS, MD1
Address: 10924 GLODEN SILENCE DRIVE

City-St-Zip: RIVERVIEW, FL 33579

Title: O

Name: BAGO, MARIA DO Address: 1037 STATE ROAD 7

City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: C

Name: FOSTER, AVIA LPN

Address: 10924 GLODEN SILENCE DRIVE

City-St-Zip: RIVERVIEW, FL 33579

Title: C

Name: REID, JOYCE

Address: 3134 SW CATHEDRAL STREET City-St-Zip: PORT ST LUCIE, FL 34953

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: DANIEL UKPONG P 02/27/2010