2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2012
Secretary of State

DOCUMENT# N05000007078

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

Current Principal Place of Business:

1721 SW GLORIA LN
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1721 SW GLORIA LN
PORT SAINT LUCIE, FL 34953

New Mailing Address:

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

Name and Address of Current Registered Agent:

UKPONG, DANIEL M MPH
1721 SW GLORIA LN
PORT SAINT LUCIE, FL 34953 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: 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: VP
Name: UKPONG, CHRISTOPHER BS, LPN
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: O
Name: FOSTER, AVIA LPN
Address: 10924 GLODEN SILENCE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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 02/25/2012

Electronic Signature of Signing Officer or Director — Date