

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008619

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** HEALTHWATCH FLORIDA CCE, INC.

**Current Principal Place of Business:**

480 SEVERN AVENUE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17263  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 20-5376310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMBA, DAVID E  
125 S. GADSDEN STREET  
300  
TALLAHASSEE, FL 32301 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:** SMITH, HERMAN G D.C.  
**Address:** PO BOX 864  
**City-St-Zip:** WINTER HAVEN, FL 33882 US

**Title:** T  
**Name:** CARROLL, KATHLEEN  
**Address:** 480 SEVERN AVENUE  
**City-St-Zip:** TAMPA, FL 33606 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:** KATHLEEN CARROLL

T

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date