

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009528

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HUMANITARIAN SERVICES, INC.

**Current Principal Place of Business:**

803 SOUTH PARSONS AVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

803 SOUTH PARSONS AVE  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 77-0700560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY SUITE 110  
TAMPA, FL 33618 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:** PSD  
**Name:** FIORE, FABIO F M.D.  
**Address:** 803 SOUTH PARSONS AVE  
**City-St-Zip:** BRANDON, FL 33511

**Title:** VT  
**Name:** POLO, MARCO  
**Address:** 803 SOUTH PARSONS AVE  
**City-St-Zip:** BRANDON, FL 33511

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:** FABIO F. FIORE

PTSD

02/15/2012

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

\_\_\_\_\_  
Date