

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

DOCUMENT# N07000010060

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** GLOBAL HEALTHCARE ASSOCIATION INC.

**Current Principal Place of Business:**

10130 NORTHLAKE BLVD  
SUITES 214-315  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

10130 NORTHLAKE BLVD  
SUITES 214-315  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

STEPHANO, RENEE-MARIE  
10130 NORTHLAKE BLVD  
SUITES 214-315  
WEST PALM BEACH, FL 33412 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: STEPHANO, RENEE-MARIE  
Address: 10130 NORTHLAKE BLVD, SUITES 214-315  
City-St-Zip: WEST PALM BEACH, FL 33412

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: RENEE-MARIE STEPHANO

P

04/04/2011

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

\_\_\_\_\_  
Date