

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010147

FILED
Mar 15, 2011
Secretary of State

Entity Name: TROPICS COMMUNITY HEALTH SERVICES, CORP.

Current Principal Place of Business:

654 NE 9TH PLACE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

654 NE 9TH PLACE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, AIDELYN
654 NE 9TH PLACE
HOMESTEAD, FL 33030 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: D
Name: LOPEZ, AIDELYN
Address: 654 NE 9TH PLACE
City-St-Zip: HOMESTEAD, FL 33030

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: AIDELYN LOPEZ

D

03/15/2011

Electronic Signature of Signing Officer or Director

Date