

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

DOCUMENT# N08000000538

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FRONTIER HEALTH INCORPORATED

**Current Principal Place of Business:**

217 SE 18TH AVE  
DEERFIELD BCH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

217 SE 18TH AVE  
DEERFIELD BCH, FL 33441

**New Mailing Address:**

**FEI Number:** 26-1768507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANGER, JR., JAMES M  
217 SE 18TH AVE  
DEERFIELD BCH, FL 33441 US

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

STANGER, JAMES M JR  
217 SE 18TH AVE  
DEERFIELD BCH, FL 33441 US

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:** JAMES M STANGER JR

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** STANGER, JR., JAMES M  
**Address:** 217 SE 18TH AVE  
**City-St-Zip:** DEERFIELD BCH, FL 33441

**Title:** D  
**Name:** BYRNS, DAVID L  
**Address:** 8808 TRAILING CEDAR DR  
**City-St-Zip:** RALEIGH, NC 27613

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:** JAMES M STANGER JR

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date