

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

DOCUMENT# N08000000748

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** HAITI'S HEALTH INC.

**Current Principal Place of Business:**

1525 DEMENS DR S  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1683  
ST. PETERSBURG, FL 337311683

**New Mailing Address:**

**FEI Number:** 37-1563177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUBREY, DIANE S  
226 58TH AVE. S.  
ST. PETERSBURG, FL 33705 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:** DIR  
**Name:** AUBREY, DIANE S APRN-BC  
**Address:** 226 58TH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33705 US

**Title:** DIR  
**Name:** GUERRIER, FREDERIC J MD  
**Address:** 500 10TH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701 US

**Title:** DIR  
**Name:** VIEUX, ERNST E MD  
**Address:** 1525 DEMENS DR. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33705 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:** DIANE S AUBREY

DIR

03/28/2011

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

\_\_\_\_\_  
Date