

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002375

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE CENTER FOR EXCELLENCE IN HEALTHCARE OUTCOMES, INC.

Current Principal Place of Business:

1700 66TH STREET NORTH
SUITE 310
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

1700 66TH STREET NORTH
SUITE 310
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-2139465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLECKO, KEVIN R
10508 PONTOFINO CIRCLE
TRINITY, FL 34655 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 () Delete
Name: HOLECKO, KEVIN R
Address: 10508 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655 US

Title: DIR () Delete
Name: DAMKOEHLER, GARY
Address: 1700 66ST NORTH ,SUITE 310
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: DIR () Delete
Name: KAY, DENNIS M MD
Address: 12320 73RD COURT NORTH
City-St-Zip: LARGO, FL 33773 US

Title: PRES () Delete
Name: HOLECKO, KEVIN R
Address: 10508 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN HOLECKO

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date