

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003612

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** FRIENDS OF PRATVILLE HEALTH CENTRE INTERNATIONAL CORP.

**Current Principal Place of Business:**

3901 DAVIE BLVD  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

3901 DAVIE BLVD  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 26-2703554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHAW, TREVOR  
3901 DAVIE BLVD  
FT. LAUDERDALE, FL 33312 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/T  
Name: SHAW, TREVOR  
Address: 836 SW 159TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: S  
Name: BROWN, VERONICA  
Address: 3980 NW 33RD TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: VP  
Name: BENJAMIN, YVETTE  
Address: 18623 SW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 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: TREVOR SHAW

P/T

03/17/2010

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

\_\_\_\_\_  
Date