

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007542

FILED
Jul 10, 2009
Secretary of State

Entity Name: ACCORDO HEALTH INC.

Current Principal Place of Business:

357 WEKIVA SPRINGS ROAD
LONGWOOD, FL 327793607

New Principal Place of Business:

Current Mailing Address:

357 WEKIVA SPRINGS ROAD
LONGWOOD, FL 327793607

New Mailing Address:

FEI Number: 59-3551211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CANNIZZARO, JOSEPH
357 WEKIVA SPRINGS ROAD
LONGWOOD, FL 327793607 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANNIZZARO, JOSEPH DR.
Address: 357 WEKIVA SPRINGS ROAD
City-St-Zip: LONGWOOD, FL 327793607

Title: V () Delete
Name: ATTATHARYA, SOLARA DR.
Address: 357 WEKIVA SPRINGS ROAD
City-St-Zip: LONGWOOD, FL 327793607

Title: ST () Delete
Name: CANNIZZARO, THOMAS C BA
Address: 357 WEKIVA SPRINGS ROAD
City-St-Zip: LONGWOOD, FL 327793607

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:

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: DR. JOSEPH A. CANNIZZARO

P

07/10/2009

Electronic Signature of Signing Officer or Director

Date