

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

DOCUMENT# N08000007542

**FILED**  
**Feb 21, 2011**  
**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 ( )**

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

CANNIZZARO, JOSEPH  
357 WEKIVA SPRINGS ROAD  
LONGWOOD, FL 327793607 US

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

CANNIZZARO, JOSEPH A  
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:** JOSEPH A CANNIZZARO

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** VP  
**Name:** HARLEY, DAVID R  
**Address:** 357 WEKIVA SPRINGS  
**City-St-Zip:** LONGWOOD, FL 32779

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:** JOSEPH A CANNIZZARO

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date