

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

DOCUMENT# N08000008383

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE HEALTHCARE, INC.

**Current Principal Place of Business:**

729 W JEFFERSON AVE  
CENTURY, FL 32535

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 46  
CENTURY, FL 32535

**New Mailing Address:**

PO BOX 64  
CENTURY, FL 32535

**FEI Number:** 32-0261073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WARD, TYSHAUN L  
729 W JEFFERSON AVE  
CENTURY, FL 32535 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:** PSD  
**Name:** WARD, TYSHAUN L  
**Address:** 729 W JEFFERSON AVE  
**City-St-Zip:** CENTURY, FL 32535

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:** TYSHAUN L. WARD

PSD

03/18/2011

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

\_\_\_\_\_  
Date