

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001274

FILED
Sep 04, 2012
Secretary of State

Entity Name: OSPREY HEALTH CARE, INC.

Current Principal Place of Business:

1041 45TH STREET
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1041 45TH STREET
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 59-3308190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRIOLA, PATRICIA A
1041 45TH STREET
WEST PALM BEACH, FL 33407 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: VCD
Name: DE PIANO, LINDA PH.D.
Address: 1041 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: CD
Name: SPEICHER, JOE
Address: 16155 S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: TREA
Name: PRIOLA, PATRICIA A
Address: 1041 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: SECY
Name: WYNOTT, BILL
Address: 16158 S MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33483 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: PATRICIA A. PRIOLA

TREA

09/04/2012

Electronic Signature of Signing Officer or Director

Date