## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002867

FILED Feb 25, 2009 Secretary of State

Entity Name: THE FOUNDATION FOR HEALTHCARE FOR HUMANITY, INC.

Current Principal Place of Business:				New Principal Place of Business:				
777 E ATLANTIC AVE # 222				777 E. ATLANTIC AVE., SUITE 222 DELRAY BEACH, FL 33483				
	EACH, FL 334	83		DELIVII DI	L/\c/1, 1 L \c	J-100		
Current Mailing Address:				New Mailing Address:				
777 E ATLANTIC AVE # 222				777 E. ATLANTIC AVE., SUITE 222 DELRAY BEACH, FL 33483				
DELRAY BEACH, FL 33483				DELIVAT BEACH, TE 33403				
FEI Number:	65-0616502	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status	Desired ( )	
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:			
KRONAWITIER, CECILIA L 777 ATLANTIC AVE SUITE 222 DELRAY BEACH, FL 33483 US				KRONAWITIER, CECILIA L 777 E. ATLANTIC AVE., SUITE 222 DELRAY BEACH, FL 33483 US				
The above in the State		ubmits this statement for the pu	irpose o	f changing it	s registered	office or registered a	gent, or both,	
SIGNATURE:				02/25/2009				
	Electroni	c Signature of Registered Ager	nt			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PC () KRONAWITTER 7155 NW 5TH A' BOCA RATON, F	VE.		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () MUNOZ, LUIS 9201 FAIRBANK BOCA RATON, F			Title: Name: Address: City-St-Zip:	MUNOZ, LUIS	NKS LANE - UNIT #4		
Title: Name: Address: City-St-Zip:	D () KRONAWITTER 7155 NW 5TH A' BOCA RATON, F	VE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () KEMP, TYRONE 12251 NW 73RE PARKLAND, FL	STREET		Title: Name: Address: City-St-Zip:	KEMP, TYRON	ROOK DRIVE E.		
Title: Name: Address: City-St-Zip:	D () MUNOZ, MARIA 9201 FAIRBANK BOCA RATON, F			Title: Name: Address: City-St-Zip:	MUNOZ, MARI	NKS LANE - UNIT #4		
Title: Name: Address: City-St-Zip:	D () KEMP, LA RAE 12251 NW 73RI PARKLAND, FL			Title: Name: Address: City-St-Zip:	KEMP, LA RAI	ROOK DRIVE E.		

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: CECILIA KRONAWITTER PC 02/25/2009