

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006567

FILED
Apr 27, 2012
Secretary of State

Entity Name: FOUNDATION FOR COMPLEMENTARY HEALTH CARE, INC.

Current Principal Place of Business:

157 APOLLO CIRCLE
JUPITER, FL 33477

New Principal Place of Business:

1025 MILITARY TRAIL
STE 113
JUPITER, FL 33458

Current Mailing Address:

157 APOLLO CIRCLE
JUPITER, FL 33477

New Mailing Address:

1025 MILITARY TRAIL
STE 113
JUPITER, FL 33458 US

FEI Number: 65-0962723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYS, ROBERT D PH.D.
157 APOLLO CIRCLE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

GOCKE, MARK W MD
1025 MILITARY TRAIL
STE 113
JUPITER, FL 33458 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: MARK W. GOCKE, MD

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAYNE, EMMY
Address: 1025 MILITARY TRAIL STE 113
City-St-Zip: JUPITER, FL 33458 US

Title: SD
Name: HAYS, LYNN S
Address: 1025 MILITARY TRAIL STE 113
City-St-Zip: JUPITER, FL 33458 US

Title: PTD
Name: GOCKE, MARK MD
Address: 1025 MILITARY TRAIL STE 113
City-St-Zip: JUPITER, FL 33458 US

Title: D
Name: FRITZ, JOHN
Address: 1025 MILITARY TRAIL STE 113
City-St-Zip: JUPITER, FL 33458 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: MARK W. GOCKE

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date