

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000019844

Entity Name: GIFTED HEALTH GROUP, INC.

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

GIFTED HEALTH GROUP  
111 NW 183 STREET SUITE # 414  
MIAMI GARDENS, FL 33169

## **New Principal Place of Business:**

GIFTED HEALTH GROUP INC  
111 NW 183 STREET SUITE # 414  
MIAMI GARDENS, FL 33169

## **Current Mailing Address:**

PO BOX 380884  
MIAMI, FL 33238

## **New Mailing Address:**

FEI Number: 65-0995935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JEAN-BAPTISTE, MARIE  
3942 W LAKE ESTATES DR  
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: JEAN-BAPTISTE, MARIE  
Address: 3942 W LAKE ESTATES DR  
City-St-Zip: DAVIE, FL 33328 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE JEAN-BAPTISTE

DIR

02/27/2010

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

\_\_\_\_\_  
Date