

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000057946

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH MARKETING, INC.

**Current Principal Place of Business:**

12255 LAKE LOOP ROAD  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551655  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 65-1021308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, JANET  
3470 RIDGELAND ROAD  
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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: PEREZ, JANET  
Address: 3470 RIDGELAND ROAD  
City-St-Zip: DAVIE, FL 33328

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: JANET PEREZ

PST

03/12/2011

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

\_\_\_\_\_  
Date