

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000107603

Entity Name: OCEAN HEALTH INC

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12671 COUNTRYSIDE TERRACE  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12671 COUNTRYSIDE TERRACE  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 65-1056634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANKL, TRUDY  
12671 COUNTRYSIDE TERRACE  
COOPER CITY, FL 33330 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: D  
Name: FRANKL, TRUDY  
Address: 12671 COUNTRYSIDE TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33330

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: TRUDY FRANKL

D

01/11/2011

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

\_\_\_\_\_  
Date