2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P01000007075

Entity Name: SPECIAL TOUCH HEALTHCARE INC.

Current Principal Place of Business:

5400 NW 2ND ST.
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

5400 NW 2ND ST.
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-3686813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, TIKISHA
5400 NW 2ND ST.
OCALA, FL 34482 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: PD
Name: PATTERSON, TIKISHA
Address: 2110 SW 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: SD
Name: PATTERSON, GERALDINE
Address: 2346 SW 5TH PLACE
City-St-Zip: OCALA, FL 34471

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: TIKISHA PATTERSON MOORE PD 01/12/2011

Electronic Signature of Signing Officer or Director Date