

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000022636

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** A MOMENTS NOTICE HEALTH CARE, INC.

**Current Principal Place of Business:**

103 SOUTH FEDERAL HIGHWAY, SUITE F-156  
JUPITER, FL 33477

**New Principal Place of Business:**

725 N A1A  
SUITE A-103  
JUPITER, FL 33477

**Current Mailing Address:**

103 SOUTH FEDERAL HIGHWAY, SUITE F-156  
JUPITER, FL 33477

**New Mailing Address:**

725 N A1A  
SUITE A-103  
JUPITER, FL 33477

**FEI Number:** 65-1091127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLOGG, DAVID  
103 SOUTH FEDERAL HIGHWAY  
JUPITER, FL 33477 US

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

KELLOGG, DAVID  
725 N A1A  
SUITE A-103  
JUPITER, FL 33477 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:** DAVID KELLOGG

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KELLOGG, DAVID  
**Address:** 725 N A1A, SUITE A-103  
**City-St-Zip:** JUPITER, FL 33477

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:** DAVID KELLOGG

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date