

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084626

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** FULL CIRCLE HEALTH CARE INCORPORATED

**Current Principal Place of Business:**

1190 NW 95TH STREET  
STE 306  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

1190 NW 95TH STREET  
STE 306  
MIAMI, FL 33150 US

**New Mailing Address:**

**FEI Number:** 65-1134054      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SPENCE, MAURICE A  
1190 NW 95TH STREET  
STE 306  
MIAMI, FL 33150 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SPENCE, MAURICE A  
Address: 1190 NW 95TH STREET, STE 306  
City-St-Zip: MIAMI, FL 33150 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: MAURICE SPENCE

MR

05/03/2010

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

\_\_\_\_\_ Date