

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000012032

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** BRITT HEALTH CARE TECHNICAL SERVICES, INCORPORATED

**Current Principal Place of Business:**

2907 S. E. 15TH TERRACE  
HOMESTEAD, FL 33035

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 343070  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 20-0933923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRITT, JOYCE Q  
2907 S.E. 15TH TERRACE  
HOMESTEAD, FL 33035 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: PTD  
Name: BRITT, CARY F  
Address: 2907 S.E. 15TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33035

Title: VSD  
Name: BRITT, JOYCE Q  
Address: 2907 S.E. 15TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33035

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: CARY F. BRITT

PRES

02/28/2011

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

\_\_\_\_\_  
Date