

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90018 031 ***150.00

DOCUMENT # P02000087053

1. Entity Name

THE CENTER FOR HEALTH, INC.



Principal Place of Business

1571 N. PALM AVE
HOLLYWOOD FL 33026

Mailing Address

9413 N.W. 39 PLACE
SUNRISE FL 33063

2. Principal Place of Business

1561 N. PALM AVE

3. Mailing Address

4701 SW 110 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Pembroke Pines, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

72-1531967

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOVINCO, VINCENT
9413 N.W. 39 PLACE
SUNRISE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vincent Giovinco*

President

1/30/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GIOVINCO, VINCENT
STREET ADDRESS 9413 N.W. 39 PLACE
CITY-ST-ZIP SUNRISE FL 33063

TITLE D ☐ Delete
NAME GIOVINCO, DESPINA
STREET ADDRESS 9413 NW 39 PLACE
CITY-ST-ZIP POMPANO BEACH FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Giovinco, Vincent
STREET ADDRESS 4701 SW 110 AVE
CITY-ST-ZIP FT. LAUD, FL. 33328

TITLE ☒ Change ☐ Addition
NAME Giovinco, Despina
STREET ADDRESS 4701 SW 110 AVE
CITY-ST-ZIP FT. LAUD, FL. 33328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Vincent Giovinco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 (954) 445-8061

Date

Daytime Phone #